

CLASSIFICATION NO.

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Pages 620-912

La Report 6/9/68

FORM 10-31713

## FBI - CENTRAL RECORDS CENTER

LA - LOS ANGELES

| Class / Case # | Sub | Vol. | Serial # |
|----------------|-----|------|----------|
| 0056 156       | X-1 | 3    | 620 912  |

8/11/1201772



RRP003HBZP

REAU

PRESERVE FOR SELECT  
COMMITTEE ON ASSASSINATIONS  
INVESTIGATION

Bureau File Number

DO NOT DESTROY  
PENDING LITIGATION

See also Nos.

129, 198, 167,

394, 210, 217,

249,

104,

115,

277B

272A

DO NOT DESTROY

NATIONAL ARCHIVES

LA 56-156  
JOS/rah

BACKGROUND CONCERNING SIRHAN BISHARA SIRHAN

-620 -



## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

GEORGE K. ROSENBERG, District Director, Immigration and Naturalization Service, Los Angeles, California, made available their files concerning the members of the family of BISHARA SALAMEH GHATTAS SIRHAN.

Among these files are documents concerning his son, SIRHAN BISHARA SIRHAN, Alien Registration Number [REDACTED], which are as follows:

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- 621 -

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On 6/5/68 at Los Angeles, California File # Los Angeles 56-156-X-1  
by SA EWING G. LAYHEW kaf Date dictated 6/8/68

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.

16  
UNITED STATES OF AMERICA  
IMMIGRANT VISA AND ALIEN REGISTRATION

PORT OF **NEW YORK (03)**  
I certify that the immigrant named herein arrived in the United States at this port on the **T/n "C. COLOMBO," JAN. 12 1957**  
(Day, month, year)  
and was inspected by me and ☒ admitted ☐ detained for further inquiry by special inquiry officer  
under Section **4-14 PL 903** of the Immigration and Nationality Act.

*Thomson*  
(Immigration officer)

ACTION OF SPECIAL INQUIRY OFFICER

The immigrant named herein was (admitted) (excluded) ☐ (and no appeal taken) ☐ (and appeal taken) ☐  
under Section \_\_\_\_\_ of the Immigration and Nationality Act

Date \_\_\_\_\_

(Special inquiry officer)

ACTION ON APPEAL

Admitted \_\_\_\_\_ Excluded \_\_\_\_\_ Date \_\_\_\_\_

JAN 18 1957

Form I-151 Issued

*Lillian B. Sarhan*  
*by father B. Sarhan*

STATISTICS



IMMIGRANT CLASSIFICATION:

Nonquota F.L. 203-4(a)(14)  
(Symbol)

American Embassy,

at Amman, Jordan.

IMMIGRANT VISA NO. [REDACTED]

Nonquota

Issued on

*Sept. 27, 1956*  
(Day, month, year)

The validity of this visa expires midnight, E. S. T., at the end of

*Feb. 28, 1957*  
(Day, month, year)

Nationality (if stateless, so state, and give previous nationality) **Jordanian**

Section 2 of the Immigration and Nationality Act  
This visa is issued under Section 221 of the Immigration and Nationality Act and upon the basis of the facts stated in the application. This visa does not entitle the bearer to enter the United States if, upon arrival at a port of entry of the United States, he is found to be inadmissible under the law.

(SEAL)

*Stephen G. Feriadas*  
Stephen G. Feriadas

Vice Consul

of the United States of America

EX-100

EX-100

Passport No. [REDACTED]

XXXXXXXXXXXXXXX

(Included in Mother's Jordan Pmt)

Issued

To Mary Bishara Salameh Sarhan  
By Director, Passport Department, Jerusalem,  
On July 2, 1956 Jordan.

Expires July 2, 1961



Form No. 1-58  
Rev. 4-15-58  
Department of State  
Washington, D.C. 20520

FOREIGN SERVICE OF THE UNITED STATES OF AMERICA  
**APPLICATION FOR IMMIGRANT VISA  
AND ALIEN REGISTRATION**

I- 1130888

I, the undersigned, being duly sworn, state the following facts regarding myself and hereby make application ~~for an immigrant visa~~ and the Refugee Relief Act of 1953 and ALIEN REGISTRATION under the Immigration and Nationality Act to the American Embassy, Consular Section, at Amman, Jordan.

|                                                                                                                                            |                          |                                |                                                       |                                     |                                                                                                                                                     |                                                         |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------|-------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. Family name<br><b>SARHAN,</b>                                                                                                           |                          | Given name<br><b>Sarhan</b>    |                                                       | Initial<br><b>Bishara</b>           | 2. Place and date of birth<br><b>Jerusalem, Palestine, (Israel) March 19, 1944</b>                                                                  |                                                         | Age<br><b>12</b>                                                                                         |
| 3. Other names by which I have been known<br>-----                                                                                         |                          |                                |                                                       |                                     | 4. Last permanent residence<br><b>c/o P.O.Box 4079, Jerusalem, Jordan.</b>                                                                          |                                                         |                                                                                                          |
| 5. Address in the United States<br><b>1045 E. Mountain, Pasadena, California.</b>                                                          |                          |                                |                                                       |                                     | 6. Name and address of person to whom destined, if any<br><b>Mr. Halvor Lillenas, 1045 E. Mountain, Pasadena, California.</b>                       |                                                         |                                                                                                          |
| 7. Name and address of nearest relative in home country<br><b>Aunt: Elen Kadawwar, House of Sheikh Yasin, Jerusalem, Jordan.</b>           |                          |                                |                                                       |                                     | 8. Travel documents presented<br><b>Included in Jordan Ppt. No. [redacted], issued Jul. 2, 1956, at Jerusalem, Jordan, valid till July 2, 1961.</b> |                                                         |                                                                                                          |
| 9. Hair<br><b>Brown</b>                                                                                                                    | 10. Eyes<br><b>Brown</b> | 11. Height<br><b>4 ft 5 in</b> | 12. Weight<br><b>87 lbs</b>                           | 13. Nationality<br><b>Jordanian</b> | 15. Race<br><b>Syrian</b>                                                                                                                           | 17. Sex<br><b>M <input checked="" type="checkbox"/></b> | 18. Marital status<br><b>Married <input type="checkbox"/> Single <input checked="" type="checkbox"/></b> |
|                                                                                                                                            |                          |                                |                                                       | 14. Complexion<br><b>Medium</b>     | 16. Ethnic Classification<br><b>Arab</b>                                                                                                            | <b>F <input type="checkbox"/></b>                       | <b>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></b>                                |
| 19. Occupation<br><b>Student.</b>                                                                                                          |                          |                                | 20. Distinguishing marks<br><b>None.</b>              |                                     | 21. Languages spoken, read, or written<br><b>Arabic.</b>                                                                                            |                                                         |                                                                                                          |
| 22. Intended United States port of entry<br><b>New York, N.Y.</b>                                                                          |                          |                                | 23. Final destination<br><b>Pasadena, California.</b> |                                     | 24. I have (a) (no) through ticket to destination<br><b>-but will have one.</b>                                                                     |                                                         | 25. Purpose of going to the United States<br><b>For permanent residence.</b>                             |
| 26. Places of previous residence<br><b>From birth to 1948, in Jerusalem, Palestine, (Israel); from 1948 to date, in Jerusalem, Jordan.</b> |                          |                                |                                                       |                                     |                                                                                                                                                     |                                                         |                                                                                                          |
| 27. Names and places of residence of spouse and minor children<br><br>-----                                                                |                          |                                |                                                       |                                     |                                                                                                                                                     |                                                         |                                                                                                          |
| 28. Name and address of sponsor<br><b>Bishara Sarhan, c/o P.O.Box 4079, Jerusalem, Jordan.</b>                                             |                          |                                |                                                       |                                     |                                                                                                                                                     |                                                         |                                                                                                          |
| 29. Name and address of mother<br><b>Mary Sarhan, c/o P.O.Box 4079, Jerusalem, Jordan.</b>                                                 |                          |                                |                                                       |                                     |                                                                                                                                                     |                                                         |                                                                                                          |



35. I intend to remain in the United States for the following period of time:

Permanently.

36. I have previously been in the United States during the following periods:

Never.

37. I have had the following excludable clauses explained to me and state that I am not, except as hereinafter noted, a member of any one of the following classes of individuals excluded from the United States under the Immigration and Nationality Act: (1) persons who have had one or more attacks of insanity; (2) persons who are narcotic drug addicts or chronic alcoholics; (3) persons who are afflicted with tuberculosis in any form, leprosy, or any dangerous contagious disease; (4) persons afflicted with any other disease, physical defect or disability which is of such a nature as may affect such persons' ability to earn a living unless affirmatively established that they will not have to earn a living; (5) paupers, professional beggars or vagrants; (6) persons convicted of, or who have admitted committing, a crime involving moral turpitude, or committing acts constituting the essential elements of such a crime, with the exceptions noted in the Act; (7) persons convicted of two or more offenses for which the aggregate sentences to confinement actually imposed were 5 years or more; (8) polygamists, practitioners or advocates of polygamy; (9) prostitutes, persons who have engaged in prostitution, persons coming to the United States solely, principally or incidentally to engage in prostitution, procurers and persons attempting to procure, or persons who have procured or attempted to procure or import, prostitutes or persons for the purpose of prostitution or for any other immoral purpose, or persons who are or have been supported by or receive or have received the proceeds of prostitution, or persons coming to the United States to engage in any other unlawful commercialized vice; (10) persons coming to the United States to engage in any immoral sexual act; (11) persons coming to the United States to perform skilled or unskilled labor who do not meet the requirements of the Act; (12) persons likely to become public charges; (13) persons excluded from admission and deported, or persons arrested and deported, or persons fallen into distress and removed, or persons removed as enemy aliens, or persons removed at Government expense, who do not have the Attorney General's permission to reapply for admission; (14) stowaways; persons procuring, or who have sought to procure, visas or other documentation, or who seek to enter the United States by fraud or willful misrepresentation of a material fact; (15) immigrants not possessing valid unexpired immigrant visas, reentry permits, border crossing identification cards or other documentation required by the Act, and a valid unexpired passport or other suitable travel document or document of identity and nationality; (16) quota immigrants possessing visas not issued in compliance with the quota provisions of the Act; (17) persons ineligible to citizenship of the United States, or persons who have departed from or have remained outside the United States to evade or avoid military training or service in time of war or national emergency; (18) persons convicted of a violation of any law or regulation relating to the illicit narcotic drug traffic or of any law or regulation governing commerce or manufacture of narcotic drugs as provided in the Act; (19) persons who seek admission from foreign contiguous territory or adjacent islands after arriving therein by nonignitory or noncomplying transportation lines; (20) persons seeking to enter the United States solely, principally, or incidentally to engage in activities which would be prejudicial to the public interest, or to damage the welfare, safety, or security of the United States; (21) persons who are, or at any time have been, anarchists, Communists, or other political subversives, as specified in Sec. 212 (a) (28) of the Act; (22) persons who after entering the United States probably would engage in activities prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in any other activity subversive to the national security, or engage in any activity a purpose of which is opposition to, control or overthrow of, the United States Government by force, violence or other unconstitutional means, or join, affiliate with, or participate in the activities of any organization registered or required to be registered under Sec. 7 of the Subversive Activities Control Act of 1950; (23) persons accompanying other persons ordered excluded, deported, and certified to be helpless from sickness or mental or physical disability or infancy pursuant to Sec. 237 of the Act, whose protection or guardianship is required by the persons excluded and deported; (24) persons who at any time, knowingly and for gain, encouraged, induced, assisted, abetted, or aided any other alien to enter or try to enter the United States in violation of law.

I have been advised concerning both the classes of excludable aliens enumerated in Section 212 (a) (1) of the Immigration and Nationality Act and the defects and other causes provided for in subparagraph (1) thereof. I hereby declare that I am not and never have been a person specified in such section, except as may be claimed under Item 38 of this application.

38. I have had the exceptions to the foregoing excludable classes explained to me and claim to be exempt from exclusion on account of membership in the class or classes noted above because:

*Sukhan B. Sukhan*  
*by father. B. Sukhan*  
Signature of applicant

*Sukhan B. Sukhan*  
*by father. B. Sukhan*  
(Signature of applicant)

[SEAL]

Subscribed and sworn to before me this

22nd,

day of

September

1956

FOUO

FOUO

*Stephen G. Perialas*  
Stephen G. Perialas  
Vice Consul of the United States of America



*[Faint, illegible handwritten notes]*

I am a Palestine refugee and satisfy all the requirements of the Refugee Act under section 4(a)(14).

I am beneficiary of Assurance Form DSR-8,  
[redacted] verified May 25, 1956.

Never.

This is my first formal application for a visa to the United States.

ver.

2025 RELEASE UNDER E.O. 14176

FOREIGN SERVICE  
UNITED STATES OF AMERICA  
MEDICAL EXAMINATION OF VISA APPLICANTS

DATE 4/9/56

At request of the American Consul at London COUNTRY England

I certify that on the above date I examined William Basil Salan AGE 12 SEX M  
London

I examined specifically for evidence of communicable diseases.

CLASS A:

TUBERCULOSIS IN ANY FORM

DANGEROUS CONTAGIOUS DISEASES

|                |            |          |
|----------------|------------|----------|
| Actinomycosis  | Stranguria | Trachoma |
| Amoebiasis     | Trachoma   | Trachoma |
| Chancroid      | Trachoma   | Trachoma |
| Chlamydia      | Trachoma   | Trachoma |
| Dysentery      | Trachoma   | Trachoma |
| Echinococcosis | Trachoma   | Trachoma |
| Enteritis      | Trachoma   | Trachoma |
| Exanthema      | Trachoma   | Trachoma |
| Exanthema      | Trachoma   | Trachoma |
| Exanthema      | Trachoma   | Trachoma |

MENTAL CONDITIONS

|               |                    |                                            |
|---------------|--------------------|--------------------------------------------|
| Acute mania   | Alcoholism         | Psychopathic personality                   |
| Chronic mania | Chronic alcoholism | Mental defect (see no. 34.2, E-111 report) |
| Epilepsy      | Schizophrenia      |                                            |

CLASS B:

Physical Defect, Disease, or Disability, Acute or Chronic, Constituting a Departure from Normal Physical Well-being

CLASS C:

Miscellaneous Conditions

Check number (Is below in complete number (1) )  
My examination, including the X-ray and other reports, revealed:

- (1) No disease or defect. ☐  
(2) The following conditions (give class, B, or C, diagnosis, and pertinent details):

Class C. Ascariasis: Treated.  
SH 27 (1) 1956  
4/9/56  
YJS



Did examination reveal evidence or history of previous attack of insanity? Yes ☐ No ☒

Chest X-ray report: Negative (X-ray report attached)

Height (inches) Under age

Weight (pounds) Not Required

Shots: 6 vol. of Anacard

SIGNATURE OF MEDICAL EXAMINER

TITLE W. B. Salan



16  
UNITED STATES OF AMERICA  
IMMIGRANT VISA AND ALIEN REGISTRATION

PORT OF NEW YORK (03)

I certify that the immigrant named herein arrived in the United States at this port on the

on T/a "C. COLOMBO" JAN. 12 1957

and was inspected by me and (admitted) (detained for further inquiry by special inquiry officer)  
under Section 14-14 PL 703 of the Immigration and Nationality Act.

Thomson  
(Immigration officer)

ACTION OF SPECIAL INQUIRY OFFICER

The immigrant named herein was (admitted) (excluded) {and no appeal taken} {and appeal taken}  
under Section \_\_\_\_\_ of the Immigration and Nationality Act.

Date \_\_\_\_\_

(Special inquiry officer)

ACTION ON APPEAL

Admitted \_\_\_\_\_ Excluded \_\_\_\_\_ Date \_\_\_\_\_

JAN 15 1957

PORT Y 151 (admitted)

Maria B. Sarhan  
By Father. B. Sarhan



STATISTICS

IMMIGRANT CLASSIFICATION:

Nonquota P.L. 805-4(a) (14)  
(Symbol)

American Embassy,

at Amman, Jordan.

IMMIGRANT VISA NO. \_\_\_\_\_

Issued on Sept. 24, 1956  
(Day, month, year)

The validity of this visa expires midnight, E. S. T., at the end of

Jan. 23, 1957  
(Day, month, year)

Nationality (If stateless, so state, and give previous nationality) Jordanian.

This Section 3 of the Refugee Relief Act of 1953, and  
This visa is issued under Section 221 of the Immigration and Nationality Act and upon the basis of the facts stated in the application. This visa does not entitle the bearer to enter the United States if, upon arrival at a port of entry of the United States, he is found to be inadmissible under the law.

(SEAL)

Stephen G. Parialas

Vice Consul.

United States of \_\_\_\_\_

RECORD

RECORD

Included in mother's Jordan

Passport No. \_\_\_\_\_

Issued—

To Mary Bishara Salameh Sarhan

By Director, Passport Department, Jerusalem, Jordan.

On July 2, 1956.

Expires July 2, 1961.

627

A 10 711 881

Suspect.

revealed :  
and pertinent details) :  
(H) [illegible]  
John I. GELZ  
[Signature]  
of interest? Yes ☐ No ☒





No. 1526

THE HASHEMITE KINGDOM OF JORDAN

Certificates of Registration

This is to certify that the  
Government of the Hashemite Kingdom of  
Jordan guarantees the re-admission of  
Sirhan Sirhan

to this country in the event it  
subsequently found that this person had  
obtained in Jordan a special permit for  
immigration visa to the United States  
under the Refugee Relief Act of August  
7, 1953, by fraud or by other  
a material fact, provided at the time  
have to defray the re-admission  
of this person.

For the Government of Jordan:

(Seal)

Minister of State

*Abdullah*

رقم ١٥٢٦

المملكة الأردنية الهاشمية

شهادة إعادة ادخال

يشهد هذا بان حكومة المملكة  
الأردنية الهاشمية تتعهد بإعادة  
ادخال

سرحان سرحان

الى هذه البلاد في حال ان كان  
بعد انما يشهد بان هذا الشخص  
قد حصل في الاردن على صفة  
خروج للولايات المتحدة بخاصة في ارجح  
من الفئة المخصصة بموجب  
مرسوم اقامة اللاجئين المؤرخ في  
٧ آب ١٩٥٣ من تاريخ الاجتياز  
او قد تم مناولته اساسية بصورة  
غير صحيحة وعلني ثم ان لا تكون  
الحكومة مسؤولة عن تحمل تكاليف نقل  
هذا الشخص.

عن الحكومة الأردنية

(الاسم الرسمي)

*عبدالله*





# REQUEST FOR RECORD CHECK

INV-3-711  
44-339 0-11  
2-7-67

TO: Record Searches

MR. PILLOT

Please obtain

COURT DOCUMENTS

(Indicate birth record, nonresidence record, etc.)

from the below checked agency:

☐ Police Dept.

☐ Sheriff Dept.,

☐ Welfare Dept.,

County

County

☒ Vital Statistics,

☒ County Clerk's Office

(Other agency)

in the case of:

|                                                     |                                    |          |
|-----------------------------------------------------|------------------------------------|----------|
| (PRINT) Name (Last)                                 | (First)                            | (Middle) |
| SIRHAN,                                             | SIRHAN                             | BASHIRA  |
| Aliases                                             | SIRHAN, SHARIS BISHARA             |          |
| Present address                                     | 696 E. HOWARD ST, PASADENA, CALIF. |          |
| Former addresses                                    |                                    |          |
| Date of Birth                                       | Place of Birth                     |          |
| 3-19-44                                             | JERUSALEM, PALESTINE               |          |
| Other identifying remarks for record check purposes |                                    |          |
| ARRESTED 12-18-63 PASADENA - ATTEMPTED MURDER       |                                    |          |

RETURN TO:

Name of requesting official

M. Lundy

Title

INV

ENDORSEMENT

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service  
Form G-504 (12-25-58)

Signature of Record Searcher



## FEDERAL BUREAU OF INVESTIGATION

1Date 6/6/68

Mrs. GENE MILLER, Assistant Principal, John Muir High School, 1905 Lincoln Avenue, advised that all high school records for SIRHAN BISHARA SIRHAN had been sent to Mr. JOHN T. HARRIS, Coordinator of Pupil Personnel Services for the Pasadena School System at 351 South Hudson, Pasadena. She advised that HARRIS requested on June 5, 1968, that SIRHAN's file be sent to him in view of the current publicity and to prevent the information in the file from being made public.

Mrs. MILLER stated that according to SIRHAN's index card he had graduated on June 13, 1963, and that the file had been placed in an inactive status. She advised that the file consists of basic statistical information in regard to SIRHAN's courses and grades, and other documents which would reflect his attendance in grade school and junior high.

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On 6/6/68 at Pasadena California File # Los Angeles 56-156by SA RICHARD H. ROSS/djy Date dictated 6/6/68

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## FEDERAL BUREAU OF INVESTIGATION

Date 11/68

Mr. JOHN T. HARRIS, Coordinator of Pupil Personnel Services, Pasadena Unified School District, Education Center, 351 South Hudson, made available the academic file of SIRHAN BISHARA SIRHAN, date of birth March 19, 1944. HARRIS advised that the file contained three documents containing personal information regarding SIRHAN; two documents regarding his academic courses during elementary and secondary school; one document regarding notification of parents in case of an emergency, dated September 24, 1958; one grade report to parents from Eliot Junior High School; one admittance record from Eliot Junior High School; and one polio immunization statement for SIRHAN dated January 7, 1963. HARRIS stated that several other documents were in the file which reflected duplicate academic information which was contained on SIRHAN's secondary cumulative record. HARRIS furnished nine documents, a review of which disclosed the following information:

Pasadena City Schools, Elementary Registration form, Henry W. Longfellow School, dated January 21, 1957, for SIRHAN SIRHAN. This document is a 8½" by 11" printed form, handwritten in pencil. HARRIS furnished the original copy and a receipt was given. A photographic copy is attached.

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On 6/6/68 at Pasadena, California File # Los Angeles 56-156

SAS DAVID R. PENDER and  
by RICHARD H. ROSS/mlb Date dictated 6/7/68

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**PASADENA CITY SCHOOLS**  
Pasadena, California  
**ELEMENTARY REGISTRATION BLANK**

HENRY W. LONGFELLOW

School

Date Jan 21 1957

**TO PARENT OR GUARDIAN:**

Will you please fill in the confidential information requested below. This information will help the school to provide for the best growth and welfare of your child.

Pupil's name Sirhan Sirhan Boy yes Girl no  
Last First Middle

Address 13217 Mentor Telephone \_\_\_\_\_

School last attended Lutheran Church Grade 8th Date of Leaving Dec 14 City Jerusalem State Jordan

Has Pupil attended a Pasadena Public School or Child Care Center (Nursery School) before? Yes \_\_\_\_\_ No X

If so, give name of last Pasadena Public School attended \_\_\_\_\_

Age 12 Date of birth: Month 3 Day 19 Year 1944 Place of birth Jerusalem City \_\_\_\_\_ State Jordan

Verification of birth: \_\_\_\_\_  
Initial \_\_\_\_\_ Passport

| NAMES OF PARENTS OR GUARDIANS<br>(Enter in spaces below)                     |  |  | Race or Nationality | HOME ADDRESS | Living Away From Home     | Divorced | Step | Not Living | OCCUPATION OR PRESENT WORK |
|------------------------------------------------------------------------------|--|--|---------------------|--------------|---------------------------|----------|------|------------|----------------------------|
| Father's Name<br><u>SIRHAN BISHARA SALEM</u><br>Last First Middle            |  |  | <u>Arabic</u>       |              |                           |          |      |            | <u>gardener</u>            |
| Mother's Name<br><u>SIRHAN MARY</u><br>Last First Middle                     |  |  |                     |              |                           |          |      |            |                            |
| Guardian's Name <u>SPONSOR</u><br><u>LILIANA HALDOR</u><br>Last First Middle |  |  |                     |              | TELEPHONE<br><u>85385</u> |          |      |            |                            |

Father's business address \_\_\_\_\_ Telephone \_\_\_\_\_

Mother's business address \_\_\_\_\_ Telephone \_\_\_\_\_

Number of people living in home—Please specify:  
 Older brothers Enter ages 1 19 (2 sons 23 + 24 in Jerusalem)  
 Younger brothers Enter ages \_\_\_\_\_  
 Older sisters Enter ages 1 20  
 Younger sisters Enter ages \_\_\_\_\_  
 Grandfathers \_\_\_\_\_ Grandmothers \_\_\_\_\_ Others \_\_\_\_\_  
 Does your child have a regular allowance? no Amount Weekly \_\_\_\_\_ Amount Monthly \_\_\_\_\_

Sponsor ms. Haldor Liliana  
Parent or guardian's signature

Teacher \_\_\_\_\_ Room No. \_\_\_\_\_ Grade \_\_\_\_\_



8  
LA 56-156

Emergency Card Instructions, Child Welfare Department, for SIRHAN B. SIRHAN, dated September 24, 1958. This document is described as a 4" by 6" white printed form, WSN 10685, written in blue ink. HARRIS furnished the original copy and a receipt was given. A photographic copy is attached.

## EMERGENCY CARD INSTRUCTIONS

### Child Welfare Department

To Parents:

Your cooperation is requested in order to give us the information that is necessary to the welfare of your boy or girl.

In the event of your child becoming ill or injured while attending school, it is important that the information called for on the reverse side of this card be sent to the schools. The necessity for having this information is apparent when you consider that if your boy or girl should become ill or injured, the school may be unable to communicate with you because you have no telephone or you are absent from home.

Your answers to these questions on file at the school may save time and perhaps needless suffering for your child. Please return this card to the principal of the school promptly.

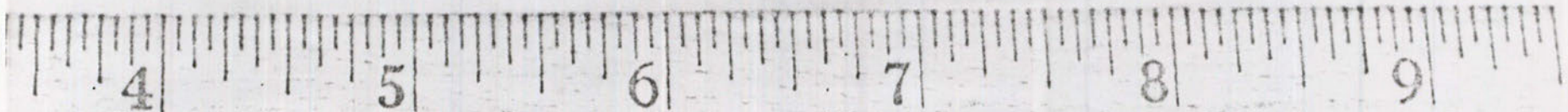
Sincerely yours,

A. M. TURRELL,

Director, Child Welfare

Pasadena City Schools  
Pasadena, California  
175-275 WSN 10685 Rev. 6-56

1-636-





# EMERGENCY CARD

1. Name of Student Sirhan, Sirhan Date 9-24-58  
Address 1647 N. Lake Ave. Tel. No. Sy 8-2136

2. Name of Local Medical Adviser \_\_\_\_\_  
Office Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

3. Name of Local Christian Science Practitioner \_\_\_\_\_  
Office Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

4. In case of accident, if you have no medical adviser or if he cannot be reached and you are absent from home, please check below if you wish to have your child taken to the Emergency Hospital for treatment. (The Emergency Hospital never attempts to give treatment until after the parents have been contacted or their consent given. The hospital will place the child in communication with the family physician, if necessary.) If you do not wish the child taken to the Emergency Hospital, indicate with whom the school should communicate for instructions.

(1) Emergency Hospital (Check one) Yes ☒ No ☒

(2) Close Relative

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

(3) Neighbor

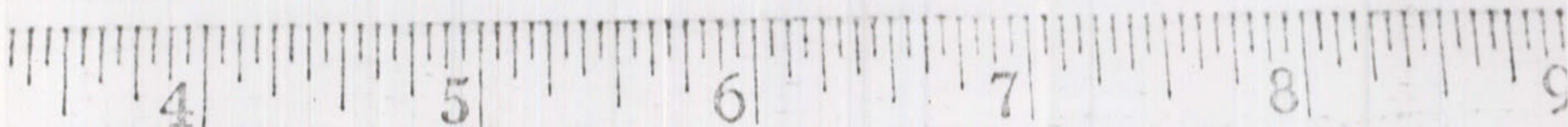
Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Signature of Parent or Guardian

Home Address 1647 N. Lake Ave. Tel. Sy 8-2136

Business Address 1757 N. Lake Ave. Tel. Sy 4-1141

If you have no telephone number, you may give the telephone number of a neighbor where you may be reached \_\_\_\_\_





HARRIS furnished a photostatic copy of the Pupil Personnel Record, Pasadena City Elementary School for SIRHAN SIRHAN. This document is 8" by 13" blue manila record of SIRHAN's elementary school work. No receipt was given.

|                                 |                                                                                                                                                   |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                            | SIRHAN SIRHAN (first and last names are the same)                                                                                                 |
| Date of Birth                   | March 19, 1944                                                                                                                                    |
| Verification                    | Passport                                                                                                                                          |
| Place of Birth                  | Jerusalem, Jordan                                                                                                                                 |
| Address                         | (January 1957)<br>1321 North Mentor                                                                                                               |
| Grade                           | Sixth (January 1957)                                                                                                                              |
| Father                          | BISHARA SALAMEH SIRHAN                                                                                                                            |
| Race                            | Arabian                                                                                                                                           |
| Present work                    | Gardner                                                                                                                                           |
| Mother                          | MARY SIRHAN                                                                                                                                       |
| Number of people living in home | (January 1957)<br>Two brothers, one sister                                                                                                        |
| Remarks concerning the home     | (January 1957)<br>Sponsor in this country:<br>HALDOR LILLENAS<br>1945 East Mountain                                                               |
| Health and physical condition   | (January 1957)<br>General health good;<br>(June 1957)<br>Good                                                                                     |
| Registration and Transfer Data  | Lutheran School - Jerusalem;<br>Longfellow, January 21, 1957, E-1<br>Grade 6, Teacher FRALEY<br>Date left - June 1957;<br>Transferred to Marshall |



CITIZENSHIP

GRADE 6

|                         |   |
|-------------------------|---|
| Social Responsibilities | B |
| Work and Study Habits   | B |
| Health                  | B |
| Safety Practices        | A |

SKILLS AND KNOWLEDGE

|                    |   |
|--------------------|---|
| Reading            | C |
| Arithmetic         | C |
| Written English    | C |
| Oral English       | C |
| Spelling           | B |
| Social Studies     | C |
| Handwriting        | C |
| Art                | B |
| Music              | C |
| Science            | C |
| Physical Education | D |

ATTENDANCE

|              |    |
|--------------|----|
| Days Present | 39 |
| Days Absent  | 1  |
| Times Tardy  | -- |

UNITS, SUBJECTS & ACTIVITIES      Grade 6

Communications F.F.  
South America F.F.

SCHOOL ACHIEVEMENT

January, 1957

Having only been in this country a short time he does have a language handicap. He tries hard and is showing improvement in all areas. F.F.

June, 1957

Improvement has been noted in all areas. F.F.

LA 56-156

SIGNIFICANT BEHAVIOR

January 1957

Friendly, cooperative, and well liked by all. Very well mannered. F. F.

June 1957

He has adjusted very nicely to his new environment making many new friends. F. F.

Pasadena City Schools, Health Department form for SIRHAN SIRHAN, undated. This document is a  $8\frac{1}{2}$ " by  $11\frac{1}{4}$ " white printed form, handwritten in pencil, regarding SIRHAN's health. HARRIS furnished the original copy and a receipt was given. A photographic copy is attached; the original is being maintained in Los Angeles file.



R.O.

PASADENA CITY SCHOOLS  
Pasadena, California  
HEALTH DEPARTMENT

Fraley

To the Parents of Our Pupils:

We should appreciate it very much if you would answer the questions asked below in the space provided for such answers and return this blank PROMPTLY to the school.

We are required to keep health records of our pupils and will appreciate your cooperation.

School

Principal

Name of Child Sirhan Sirhan Date of Birth 3-19 1944 Grade 6th

Father's Name Bishara Sirhan Present Health good Occupation gardener

Mother's Name Mary Sirhan Present Health good Occupation (Outside of Home)

Number of Children in Family 4 in U.S.A.

Name and address of your family physician Mr. John Jackson

Has your child had any of the following diseases or conditions? (Please give year)

Allergies (Specify) Hay fever Pleurisy

Asthma Hearing difficulty Poliomyelitis

Bronchitis Heart condition Pneumonia

Chickenpox Hernia (rupture) Rheumatic fever

Chorea (St. Vitus Dance) Influenza Scarlet fever

Colds frequently Kidney infection Sinus infection

Diphtheria Leg pains Speech defect

Earache Measles German Stuttering

Ear drainage (running) Measles Red Thumb sucking

Epilepsy (fits) Mumps Tonsillitis

Enuresis (bed wetting) Nail biting Tuberculosis contact

Whooping Cough

What other illness or accident has your child been treated for and when?

Has your child had any surgical operations? If so, when and for what reason?

Is your child now under treatment for any physical defects? no If so, please specify

Is your child nervous? no

Does your child sleep well? yes What times does your child go to bed? 7 o'clock usually

Does your child tire easily? no

Does your child eat a good breakfast? yes Lunch? yes Dinner? yes

Do you have your child's teeth examined and cared for by a dentist at regular intervals? yes If so, how often?

Has your child been successfully vaccinated against smallpox? yes When? Dec 1956

Has your child been immunized against diphtheria? When?

Has your child been immunized against whooping cough? When?

Has your child been immunized against tetanus? When?

Has your child had a skin test for tuberculosis? When? Results?

Has your child had an X-ray for tuberculosis? no When? Results?

Date

X Mrs. Halvor Lillemas  
Spencer Parent's Signature



## FEDERAL BUREAU OF INVESTIGATION

Date 7/1/68

Mr. JOHN T. HARRIS, Coordinator of Pupil Personnel Services, Pasadena Unified School District, Education Center, 351 South Hudson, made available the academic file of SIRHAN BISHARA SIRHAN, date of birth March 19, 1944. HARRIS advised that the file contained three documents containing personal information regarding SIRHAN; two documents regarding his academic courses during elementary and secondary school; one document regarding notification of parents in case of an emergency, dated September 24, 1958; one grade report to parents from Eliot Junior High School; one admittance record from Eliot Junior High School; and one polio immunization statement for SIRHAN dated January 7, 1963. HARRIS stated that several other documents were in the file which reflected duplicate academic information which was contained on SIRHAN's secondary cumulative record. HARRIS furnished nine documents, a review of which disclosed the following information:

Pasadena City Schools, Elementary Registration form, Henry W. Longfellow School, dated January 21, 1957, for SIRHAN SIRHAN. This document is a 8½" by 11" printed form, handwritten in pencil. HARRIS furnished the original copy and a receipt was given. A photographic copy is attached.

On 6/6/68 at Pasadena, California File # Los Angeles 55-156  
by SAS DAVID R. PENDER and  
RICHARD H. ROSS/mib Date dictated 6/7/68

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.



# INFORMATION BLANK

PASADENA CITY SCHOOLS  
PASADENA, CALIFORNIA

School Elat  
Date 10-25-58 Grade 8th  
Boy ☒ Race \_\_\_\_\_ Level 8th  
Rec'd by \_\_\_\_\_

1. Name SIRHAN (Last) SIRHAN (First) BISHARA (Middle) Telephone 59-6-2136
2. Address 1647 (Number) Lake (Street) Pasadena (City) 6 (Zone)
3. Date of Birth 3 (Month) 19 (Day) 44 (Year) Place of Birth Jerusalem (City) Verified (State)
4. School last attended JOHN MARSHALL (Name of School) Pasadena (City) Calif (State)
5. Own father's name Bishara (Last) Sirhan (First)  (Initial) Living? ☒ Address if not at home \_\_\_\_\_
6. Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_
7. Own mother's name Sirhan (Last) Mary (First) B (Initial) Living? ☒ Address if not at home \_\_\_\_\_
8. Occupation assistant teacher Business Phone \_\_\_\_\_
9. If separated, are they divorced? No
- (If living with your own parents omit items 10-15 below)
10. With whom are you living? Own mother and stepfather No Own father and stepmother No  
Guardian parents Other person, Name \_\_\_\_\_ Relationship \_\_\_\_\_
11. Stepfather's name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) Living? \_\_\_\_\_
12. Occupation \_\_\_\_\_
13. Stepmother's name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) Living? \_\_\_\_\_
14. Occupation \_\_\_\_\_
15. Guardian's name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) Relationship to you \_\_\_\_\_ Legal \_\_\_\_\_
16. How many brothers 4 and sisters 1 are living at home?
17. Are there any other people living in your home who are members of your family group?  
If so, what is their relationship to you? \_\_\_\_\_
18. Are you frequently under a doctor's care? No If you don't object, state the reason why \_\_\_\_\_
19. What is your church preference? (Optional) ORTHODOX
20. In what occupations are you especially interested? (List in order of preference)  
1. paper Route 2. gardening 3. \_\_\_\_\_
21. In what hobbies are you interested? collecting stamps, Rocks
22. Are you earning money at the present time? No Why are you working, and what kind of work are you doing? \_\_\_\_\_

23. How long do you expect to stay in school? Through 12th \_\_\_\_\_ Through 14th \_\_\_\_\_ Beyond ☒  
If beyond H.S., what kind of school? P.P.C.
24. Have you ever attended school in Pasadena before? yes If so, give name of last Pasadena school attended John Marshall Jr. Hi. and the grade 8th

PLEASE COMPLETE  
OTHER SIDE OF SHEET

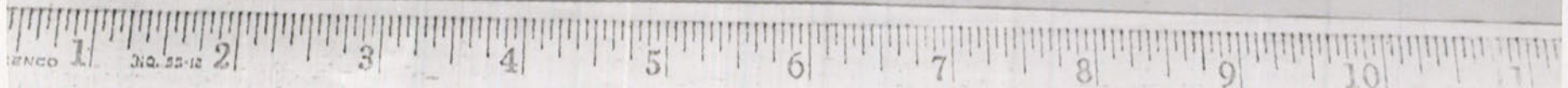


# PREVIOUS SCHOOL RECORD

| Where did you attend: Name of School | PUBLIC<br>or<br>PRIVATE | Street Address of School | City     | State | Dates   |          |
|--------------------------------------|-------------------------|--------------------------|----------|-------|---------|----------|
|                                      |                         |                          |          |       | From    | To       |
| 7th John Marshall                    | public                  | 999 Allan                | pasadena | calif | sept 57 | june 58  |
| 8th John Marshall                    | public                  | 999 ALLAN                | pasadena | calif | sept 58 | 10-27-58 |
| 9th                                  |                         |                          |          |       |         |          |
| 10th                                 |                         |                          |          |       |         |          |
| 11th                                 |                         |                          |          |       |         |          |
| 12th                                 |                         |                          |          |       |         |          |
|                                      |                         |                          |          |       |         |          |
|                                      |                         |                          |          |       |         |          |
|                                      |                         |                          |          |       |         |          |
|                                      |                         |                          |          |       |         |          |

## BROTHERS AND SISTERS

| NAME             | Full | Half | Step | Age | At Home | Away | Occupation or School |
|------------------|------|------|------|-----|---------|------|----------------------|
| Shariet SIRHAN   | ✓    |      |      | 25  | ✗       | ✓    | secretary            |
| Saidallah SIRHAN | ✓    |      |      | 26  | ✗       | ✓    | businessman          |
| Adel SIRHAN      | ✓    |      |      | 23  | ✓       |      | businessman          |
| Mania Sirhan     | ✓    |      |      | 20  | ✓       |      | student              |
| Aida SIRHAN      | ✓    |      |      | 19  |         | ✓    | student              |
|                  |      |      |      |     |         |      |                      |
|                  |      |      |      |     |         |      |                      |



644



LA 56-156

Emergency Card Instructions, Child Welfare Department,  
for SIRHAN B. SIRHAN, dated September 24, 1958. This document is  
described as a 4" by 5" white printed form, WSN 10385, written  
in blue ink. HARRIS furnished the original copy and a receipt  
was given. A photographic copy is attached.

PASADENA CITY SCHOOLS  
PASADENA, CALIFORNIA

# JUNIOR HIGH SCHOOL REPORT TO PARENTS

The Pasadena Junior High Schools have as their general purpose the development in youth of the characteristics which we believe they must possess in order to be effective citizens in a democracy. Some of the characteristics which are more easily observed are listed under the headings Subject Grade and Citizenship Grade. A check (✓) following one of the subheads indicates need for improvement in that area; a plus (+) means outstanding. Explanation of grades: A—Outstanding, B—Highly Satisfactory, C—Average, D—Barely Passing, E—Incomplete, F—Failure to Meet Minimum Requirements. THE GRADE AT EACH QUARTER REPRESENTS THE STUDENT'S TOTAL GRADE TO THAT DATE.

Name Sirhan Sirhan B School Year 59-60  
Last First Initial  
Subject and Grade Level 9 ENGLISH-SOCIAL STUDIES Nov. 13 Jan. 29 Apr. 3rd June 17  
School Eliot Junior High

I. SUBJECT GRADE—Skills, Understandings, and Appreciations in:

ENGLISH (reading, written expression, speaking, listening)

SOCIAL STUDIES (geography, history, civics, economics)

Reliable Information

Clear Expression

Application of Knowledge

Creative Thinking

Skills to Accomplish the Above

II. CITIZENSHIP GRADE

Responsibility

Effort

Participation

Class Conduct

Courtesy

Teacher Signature

Parent Signature

1st L. Fitzgerald

2nd L. Fitzgerald

3rd L. Fitzgerald

4th L. Fitzgerald

Mary Sirhan  
Mary Sirhan  
Mary Sirhan



HARRIS furnished a photostatic copy of the Pupil Personnel Record, Pasadena City Elementary School for SIRHAN SIRHAN. This document is 8" by 13" blue manila record of SIRHAN's elementary school work. No receipt was given.

|                                 |                                                                                                                                                   |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                            | SIRHAN SIRHAN (first and last names are the same)                                                                                                 |
| Date of Birth                   | March 19, 1944                                                                                                                                    |
| Verification                    | Passport                                                                                                                                          |
| Place of Birth                  | Jerusalem, Jordan                                                                                                                                 |
| Address                         | (January 1957)<br>1321 North Mentor                                                                                                               |
| Grade                           | Sixth (January 1957)                                                                                                                              |
| Father                          | BISHARA SALAMEH SIRHAN                                                                                                                            |
| Race                            | Arabian                                                                                                                                           |
| Present work                    | Gardner                                                                                                                                           |
| Mother                          | MARY SIRHAN                                                                                                                                       |
| Number of people living in home | (January 1957)<br>Two brothers, one sister                                                                                                        |
| Remarks concerning the home     | (January 1957)<br>Sponsor in this country:<br>HALDOR LILLENAS<br>1945 East Mountain                                                               |
| Health and physical condition   | (January 1957)<br>General health good;<br>(June 1957)<br>Good                                                                                     |
| Registration and Transfer Data  | Lutheran School - Jerusalem;<br>Longfellow, January 21, 1957, E-1<br>Grade 5, Teacher FRALEY<br>Date left - June 1957;<br>Transferred to Marshall |



## PASADENA CITY SCHOOLS - SECONDARY CUMULATIVE RECORD

792560  
Student Code LAST FIRST MIDDLE CHECK  
792560 SIRHAN SIRHAN BISHAW X  
NO. DATE OF BIRTH YEAR HOW VERIFIED PLACE OF BIRTH  
March 19, 1944 Jerusalem, Jordan  
SCHOOL CITY STATE  
ENTERED FROM Luthern, Jerusalem, Jordan Longfellow Elem.



DIPLOMA  
NAME  
STUD CODE  
LAST

| JUNIOR HIGH SCHOOL |    |    |    | SIRHAN        |    |    |    | SHELIOT       |    |    |    |
|--------------------|----|----|----|---------------|----|----|----|---------------|----|----|----|
| U                  | G  | P  | OT | U             | G  | P  | OT | U             | G  | P  | OT |
| PHYS ED            | 10 | CB |    | PHYS ED       | 10 | CB |    | PHYS ED       | 10 | CB |    |
| 7 BASIC ENG        | 10 | CB |    | 8 ENGLISH     | 10 | CB |    | 9 ENGLISH     | 10 | CB |    |
| 7 BASIC S S        | 10 | CB |    | 8 SOC STUD    | 10 | CB |    | 9 SOC STUD    | 10 | CB |    |
| 7 BASIC ARITH      | 10 | CB |    | 8 GENL SCI    | 10 | CB |    | 9 GENL MATH I | 10 | CB |    |
| 7 GENL MUSIC       | 05 | DD |    | 8 ARITHMETIC  | 10 | CB |    | ADV DRAFTG I  | 10 | CB |    |
| 7 ART              | 05 | CC |    | BASIC READING | 10 | AA |    |               |    |    |    |
| 7 GENL SHOPS       | 10 |    |    | 792560        | 60 | 15 |    |               |    |    |    |
| ELEM DRAFTG        |    | CB |    |               |    |    |    |               |    |    |    |
| EL GRAPH ARTS      |    | BB |    |               |    |    |    |               |    |    |    |
| ELEM WOODS         |    | BB |    |               |    |    |    |               |    |    |    |
| ELEM METALS        |    | BB |    |               |    |    |    |               |    |    |    |
| 792560             | 60 | 65 |    |               |    |    |    |               |    |    |    |

GRADUATION DATA  
DATE GRADUATED FROM: 9/18/59  
SCHOOL: ELIOT  
OCCUPATIONAL INTERESTS: 9/57 Doctor  
KEY TO J. H. S. MARKS  
RS - RESPONSIBILITY & SELF DIRECTION  
REL - RELATIONSHIPS WITH OTHERS  
S - SUBJECT SKILLS UNDER  
A - EXCELLENT  
8 English (JHSS-'59) dropped other subject  
SS Muir 1960  
Biology AB

| CODE          |  | NAME   |  | U  |  | G      |  | P      |  | OT            |  | CODE |  | NAME |  | U  |  | G  |  | P |  | OT |  | DATE  |  | EDUCATIONAL PLANS |  |
|---------------|--|--------|--|----|--|--------|--|--------|--|---------------|--|------|--|------|--|----|--|----|--|---|--|----|--|-------|--|-------------------|--|
| 792560        |  | SIRHAN |  | SB |  | 792560 |  | SIRHAN |  | SB            |  |      |  |      |  |    |  |    |  |   |  |    |  | 9, 57 |  | Beyond 14th       |  |
| SUBJECT       |  | U      |  | G  |  | P      |  | OT     |  | SUBJECT       |  | U    |  | G    |  | P  |  | OT |  |   |  |    |  |       |  |                   |  |
| CAL CAD CORPS |  | 5      |  | C  |  | 10     |  | B      |  | ENGLISH 2B    |  | 5    |  | B    |  | 15 |  | A  |  |   |  |    |  |       |  |                   |  |
| CRAFTS        |  | 5      |  | C  |  | 10     |  | B      |  | TRAF DRIVE ED |  | 5    |  | C    |  | 15 |  | A  |  |   |  |    |  |       |  |                   |  |
| ENGLISH 2A    |  | 5      |  | C  |  | 10     |  | B      |  | SOC STUDY 2B  |  | 5    |  | B    |  | 15 |  | A  |  |   |  |    |  |       |  |                   |  |
| SOC STUDY 2A  |  | 5      |  | C  |  | 10     |  | B      |  | HOME GDNG A   |  | 5    |  | B    |  | 15 |  | A  |  |   |  |    |  |       |  |                   |  |
| GERMAN 1A     |  | 5      |  | B  |  | 15     |  | A      |  | CAL CAD CORPS |  | 5    |  | C    |  | 10 |  | B  |  |   |  |    |  |       |  |                   |  |
| ALGEBRA 1A    |  | 5      |  | C  |  | 10     |  | B      |  | GERMAN 1B     |  | 5    |  | B    |  | 15 |  | A  |  |   |  |    |  |       |  |                   |  |
|               |  |        |  |    |  |        |  |        |  | ALGEBRA 1B    |  |      |  |      |  |    |  |    |  |   |  |    |  |       |  |                   |  |

| MO.           | SEMI. | YR. | END. | SCHOOL | UNITS | G.P. | MO.           | SEMI. | YR. | END. | SCHOOL | UNITS | G.P. |
|---------------|-------|-----|------|--------|-------|------|---------------|-------|-----|------|--------|-------|------|
| 1             |       | 61  | 8    | 25     | 55    |      | 6             |       | 61  | 8    | 30     | 80    |      |
| 792560        |       |     |      |        |       |      | 792560        |       |     |      |        |       |      |
| PHYSIOLOGY A  | 5     | C   | 10   | B      |       |      | CAL CAD CORPS | 5     | D   | 05   | C      |       |      |
| U S HISTORY A | 5     | C   | 10   | B      |       |      | ENGLISH 3B    | 5     | B   | 15   | B      |       |      |
| RUSSIAN 1A    | 5     | B   | 15   | B      |       |      | U S HISTORY B | 5     | B   | 15   | B      |       |      |
| GERMAN 2A     | 5     | B   | 15   | B      |       |      | PHYSIOLOGY B  | 5     | C   | 10   | A      |       |      |
| CAL CAD CORPS | 5     | D   | 05   | C      |       |      | GERMAN 2B     | 5     | B   | 15   | B      |       |      |
| ENGLISH 3A    | 5     | C   | 10   | A      |       |      | RUSSIAN 1B    | 5     | B   | 15   | A      |       |      |

| MO.           | SEMI. | YR. | END. | SCHOOL | UNITS | G.P. | MO.           | SEMI. | YR. | END. | SCHOOL | UNITS | G.P. |
|---------------|-------|-----|------|--------|-------|------|---------------|-------|-----|------|--------|-------|------|
| 1             |       | 62  | 8    | 30     | 65    |      | 6             |       | 62  | 8    | 30     | 75    |      |
| 792560        |       |     |      |        |       |      | 792560        |       |     |      |        |       |      |
| PLANE GEOM A  | 5     | C   | 10   | B      |       |      | WORLD HIST B  | 5     | B   | 15   | B      |       |      |
| RUSSIAN 2A    | 5     | B   | 15   | B      |       |      | RUSSIAN 2B    | 5     | C   | 10   | B      |       |      |
| SR SOC STUDY  | 5     | C   | 10   | B      |       |      | U S GOVT      | 5     | B   | 15   | B      |       |      |
| ENGLISH ESS A | 5     | D   | 05   | A      |       |      | ENGLISH ESS B | 5     | D   | 05   | B      |       |      |
| GERMAN 3A     | 5     | C   | 10   | C      |       |      | GERMAN 3B     | 5     | C   | 10   | B      |       |      |
| CAL CAD CORPS | 5     | B   | 15   | B      |       |      | CAL CAD CORPS | 5     | B   | 15   | A      |       |      |

| MO.           | SEMI. | YR. | END. | SCHOOL | UNITS | G.P. | MO.           | SEMI. | YR. | END. | SCHOOL | UNITS | G.P. |
|---------------|-------|-----|------|--------|-------|------|---------------|-------|-----|------|--------|-------|------|
| 1             |       | 63  | 8    | 30     | 65    |      | 6             |       | 63  | 8    | 30     | 70    |      |
| 792560        |       |     |      |        |       |      | 792560        |       |     |      |        |       |      |
| PLANE GEOM A  | 5     | C   | 10   | B      |       |      | WORLD HIST B  | 5     | B   | 15   | B      |       |      |
| RUSSIAN 2A    | 5     | B   | 15   | B      |       |      | RUSSIAN 2B    | 5     | C   | 10   | B      |       |      |
| SR SOC STUDY  | 5     | C   | 10   | B      |       |      | U S GOVT      | 5     | B   | 15   | B      |       |      |
| ENGLISH ESS A | 5     | D   | 05   | A      |       |      | ENGLISH ESS B | 5     | D   | 05   | B      |       |      |
| GERMAN 3A     | 5     | C   | 10   | C      |       |      | GERMAN 3B     | 5     | C   | 10   | B      |       |      |
| CAL CAD CORPS | 5     | B   | 15   | B      |       |      | CAL CAD CORPS | 5     | B   | 15   | A      |       |      |

GRADE POINT CHECK  
DATE SEM. UNITS SEM. PTS. TOT. UNITS TOT. PTS. G.P.E.  
1 163 160 350 2.19  
MEMORANDA  
DATE 1/63 160 350 2.19  
W D RYAN  
Counselor  
7/61 70 145 2.07  
7/62 100 210 2.10  
7/62 130 285 2.19

DIPLOMA JUN 13 1963

PASADENA CITY SCHOOLS - SECONDARY CUMULATIVE RECORD



| NAME              | LAST              | FIRST     | MIDDLE    | TELEPHONE    | ADDRESS      | CITY    | STATE | ZIP   | CITY    | STATE | ZIP   |
|-------------------|-------------------|-----------|-----------|--------------|--------------|---------|-------|-------|---------|-------|-------|
| SIRHAN, SY BISHAW | SIRHAN, SY BISHAW | SY BISHAW | SY BISHAW | 199-999-9999 | 199-999-9999 | CHALICE | MD    | 20740 | CHALICE | MD    | 20740 |

1st and 2nd name-card

SIRHAN,  
FIRST

**BISHAW**  
MIDDLE

## TELEPHONE 626-9229

ADDRESS157  
NUMBER 1

57407

2000

CITY

## STATE

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Page 11

2007

LA 56-156

CITIZENSHIP

GRADE 6

|                         |   |
|-------------------------|---|
| Social Responsibilities | B |
| Work and Study Habits   | B |
| Health                  | B |
| Safety Practices        | A |

SKILLS AND KNOWLEDGE

|                    |   |
|--------------------|---|
| Reading            | C |
| Arithmetic         | C |
| Written English    | C |
| Oral English       | C |
| Spelling           | B |
| Social Studies     | C |
| Handwriting        | C |
| Art                | B |
| Music              | C |
| Science            | C |
| Physical Education | D |

ATTENDANCE

|              |    |
|--------------|----|
| Days Present | 39 |
| Days Absent  | 1  |
| Times Tardy  | -  |

UNITS, SUBJECTS & ACTIVITIES      Grade 6

Communications F.F.  
South America F.F.

SCHOOL ACHIEVEMENT

January, 1957

Having only been in this country a short time he does have a language handicap. He tries hard and is showing improvement in all areas. F.F.

June, 1957

Improvement has been noted in all areas. F.F.



13 NAME: Sirhan, Sirhan B ADDRESS: 696 E. Howard Pasa.  
Last First Middle Number Street City

## POLIO IMMUNIZATION STATEMENT

### TO PARENT OR GUARDIAN

PLEASE CHECK ONE OF THE FOLLOWING THREE BOXES AND SIGN NAME BELOW:

- ☐ A. I certify that the student named above has received three poliomyelitis immunizations on approximate dates as shown below:

Dates: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

- ☒ B. I certify the student named above has had one or two poliomyelitis immunizations, and I understand that the student must have a series of three immunizations completed and a record of such submitted to the school within one year or be subject to exclusion. (If one of the immunizations was administered after January 1, 1962, show the record received from the doctor or administering agency to the school.)

*Time +*  
Dates: 1st 28 Oct. 1962 2nd \_\_\_\_\_

- ☐ C. I do not wish to have the student named above (son, daughter, or ward) immunized against poliomyelitis as such immunization is contrary to my beliefs. (This statement is submitted in accordance with Section 3384, Chapter 7, Health and Safety Code, State of California.)

SIGNATURE: Mary Sirhan

By Parent or Guardian

DATE: 7 Jan. 1963

(The above information is required by California law.)

175-501 WSN 10919 12-61

Pasadena City Schools  
Pasadena, California

ok  
LA 56-156

SIGNIFICANT BEHAVIOR

January 1957

Friendly, cooperative, and well liked by all. Very well mannered. F. F.

June 1957

He has adjusted very nicely to his new environment making many new friends. F. F.

Pasadena City Schools, Health Department form for SIRHAN SIRHAN, undated. This document is a 8½" by 11½" white printed form, handwritten in pencil, regarding SIRHAN's health. HARRIS furnished the original copy and a receipt was given. A photographic copy is attached; the original is being maintained in Los Angeles file.



LA 55-156

Information blank, Pasadena City Schools, Eliot Junior High School, dated October 23, 1958, for SIRHAN BISHARA SIRHAN. This document is a 8½" by 11" blue printed form, USN 10537, dated October 23, 1958, written in blue ballpoint pen. HARRIS furnished the original copy and a receipt was given. A photographic copy is attached:

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LA 56-156

Pasadena City Schools, Junior High Report to Parents, for SIRHAN B. SIRHAN. This document is described as a 5½" by 3½" green printed form, WSN 10597. HARRIS advised that the handwritten name SIRHAN SIRHAN on this document may be that of SIRHAN's, but that he could not positively identify it as SIRHANS. HARRIS furnished the original copy of this document and a receipt was given. A photographic copy of this document is attached.



14.  
LA 56-156

Pasadena City High School District, Attendance Summary for SIRHAN SIRHAN. This form is a 5½" by 8" form from Eliot and Marshall Junior High School, which disclosed that SIRHAN missed only one day of school between September, 1957 and June 1960. In the blank for comments is a statement "entered September 15, 1958, withdrew October 27, 1958." HARRIS furnished a copy of this record and no receipt was given.

Pasadena City Schools, Secondary Cumulative Record, Student Code 792560 for SIRHAN BISHARA SIRHAN. This document is described as a 9½" by 1½" blue manila record sheet with photo attached. HARRIS furnished the original copy and a receipt was given. A photographic copy is attached.

17  
LA 56-156

Polio Immunization Statement, dated 1/7/63, for SIRHAN B. SIRHAN. This document is a 5" by 8" white printed form, WSN 10919, with appointment card attached. HARRIS furnished the original copy, and a receipt was given. A photographic copy is attached.



HARRIS advised that he had requested on June 5, 1968, that all of SIRHAN BISHARA SIRHAN's records be sent to him from John Muir High School, and that he had received them on June 5, 1968. HARRIS advised he had done this to prevent public disclosure of these records, which would be contrary to the policies of the Pasadena Unified School District and law of California. HARRIS advised that these records are available to representatives of appropriate Governmental agencies. HARRIS advised that he was maintaining this file in his office under lock and key.

HARRIS advised that he also had in his possession, the file of MUNIR BISHARA SIRHAN, and would furnish copies of this file to agents.

HARRIS stated that he could find no record of attendance for any other member of the SIRHAN family in the Pasadena schools. HARRIS advised that persons over the age of 18 would not attend in the Pasadena School System and would probably have attended Pasadena City College, even though their level of achievement was below that of the high school standards.

HARRIS advised that he had no personal contact with SIRHAN BISHARA SIRHAN.

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/6/68

On June 6, 1968, Dr. IRVIN G. LEWIS, Administrative Dean for Students Personal Service, Pasadena City College, Pasadena, California, furnished Xeroxed copies of the academic record of SIRHAN SIRHAN, who attended the school between September 1963 and May 1965, when he was dismissed for poor grades. Dr. LEWIS stated he had been contacted several times by different news media trying to obtain a copy of this record, which he had refused by law under the California Education Code. There were no samples of SIRHAN's handwriting in his file and no signature on his typewritten application for admission, which signature is normally required. There was no record of extra-curricular clubs or other activities engaged in by SIRHAN at the college. Dr. LEWIS stated the record reflected he had interviewed SIRHAN on one occasion in May 1965 because of his lack of regular attendance and failure to appear at physical education classes; however, he could not recall SIRHAN at all due to the large number of students he interviews on a regular basis. Dr. LEWIS had no record of any teachers or students who might be acquainted with SIRHAN.

He stated there was no club on the campus composed of Arab students or those of Arab origin, to his knowledge. He stated there was an International Club, which covered a broad spectrum of foreign nationalities and the study of any and all foreign cultures desired by the students. He stated Miss JOSEPHINE NISSLEY, Associate Professor in the English Department, was advisor or sponsor of the International Club.

The file of SIRHAN SIRHAN which Dr. LEWIS furnished contained the following information:

Application for Admission:

Date of applica- May 19, 1963  
tion

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On 6/6/68 at Pasadena, California File # Los Angeles 56-156

SAs LLOYD D. JOHNSON, DAVID R. PENDER,  
by and RICHARD H. ROSS/LDJ/rah/gk Date dictated 6/6/68

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LA 56-156

|                                             |                                                                                    |
|---------------------------------------------|------------------------------------------------------------------------------------|
| Name                                        | SIRHAN BISHARA SIRHAN                                                              |
| Address                                     | 696 East Howard Street,<br>Pasadena, California                                    |
| Birth Data                                  | March 19, 1941, at Jerusalem,<br>Jordan                                            |
| Marital Status                              | Single                                                                             |
| Citizenship                                 | Jordanian                                                                          |
| Visa Type                                   | Immigrant                                                                          |
| Father                                      | BISHARA SIRHAN                                                                     |
| Father's Occupa-<br>tion                    | Mechanic                                                                           |
| Father's Home<br>Address                    | Jordan                                                                             |
| Mother                                      | MARY SIRHAN                                                                        |
| Mother's Occupa-<br>tion                    | Nursery School Teacher                                                             |
| Mother's Address                            | Pasadena, California                                                               |
| High School<br>Attended                     | John Muir High School,<br>Pasadena, California<br>from September 1960 to June 1963 |
| Date of Gradua-<br>tion from high<br>school | June 13, 1963                                                                      |

Major at Pasadena Political Science  
City College

SIRHAN's permanent record contained the following  
information as to the courses he took and the grades he  
received:

|                            |         |
|----------------------------|---------|
| "First Semester 1963-1964: | Grades: |
| Ballroom Dancing           | Failed  |
| Health Education           | D       |
| English Essentials         | D       |
| Intermediate German        | D       |
| Elementary Russian         | C       |
| Eur Civ to 1648            | D       |
| Basic Communication        | C "     |

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LA 56-156

"Second Semester 1963-1964: "

|                         |   |
|-------------------------|---|
| Golf                    | C |
| Reading and Composition | F |
| Intro Physio and Anat   | C |
| Cultural Anthropology   | C |
| Eur Civ from 1648       | C |
| Intro to Amer Gov       | C |

"First Semester 1964-1965:

|                      |    |
|----------------------|----|
| Golf                 | D  |
| Intermediate Russian | C  |
| Introductory Biology | D  |
| US Hist to 1876      | D  |
| Intro Psychology     | D" |

SIRHAN was disqualified on January 29, 1965 for poor grades.

SIRHAN's admission was continued by administrative action.

"Second semester 1964-1965:

|                        |   |
|------------------------|---|
| Track and Field        | F |
| Read and Composition   | F |
| American Literature    | F |
| Intermediate Russian   | F |
| US Hist from 1876      | F |
| Dismissed May 18, 1965 | " |

Included in SIRHAN's file was a dismissal recommendation from THEODORE M. BANKS dated May 12, 1965. SIRHAN was enrolled in BANKS' physical education class and he had been absent numerous times. BANKS' recommendation was that SIRHAN be dismissed from college. Dr. LEWIS advised that BANKS is presently the track coach at San Jose State College.



## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

CLARENCE COPPING, 2747 Morningside, Pasadena, California, furnished the following information:

COPPING advised that he operated the Elite Motor Service, 2529 East Foothill Boulevard, Pasadena, California, for 29 years prior to selling out his business to JACK DAVIES in September 1964. COPPING advised that he is presently retired.

COPPING went on to say that on March 30, 1964, he employed one SIRHAN SIRHAN who worked for him at the Elite Motor Service until September 14, 1964. COPPING advised that SIRHAN was an outstanding employee, excellent worker, and never had any friends hanging around the station. He advised that during the time SIRHAN was employed by him, he worked the 4:00 p.m. to 3:00 a.m. shift alone and that none of the other employees would have known anything about SIRHAN. He advised that during his association with SIRHAN at no time did SIRHAN ever express any of his political views or nationalistic leanings or for that matter, any of his views. He advised that while SIRHAN was employed at his station, he resided with a family by the name of WILLIAM BEVERIDGE who resided at 167 North Sierra Madre, Pasadena, California. COPPING advised that SIRHAN stayed with the BEVERIDGES and that this family would probably know him better than anyone else. He advised that before SIRHAN terminated employment with him, he had moved from the BEVERIDGE residence to his mother's address at 696 East Howard, Pasadena, California.

COPPING further advised that he could not furnish anything derogatory concerning SIRHAN and that when he was notified that SIRHAN was the person suspected of shooting Senator KENNEDY, it was very hard for him to believe.

COPPING then furnished the following individuals who might have known or been associated with SIRHAN:

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- 656 -

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156  
by SAs ROLAND H. BROYLES and  
ALLEN K. TOLEN/AKT/rah/HMS Date dictated 6/7/68

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<sup>2</sup>  
LA 56-156

WILLIAM BEVERIDGE  
167 North Sierra Madre  
Pasadena, California

WAYNE J. BRANTLEY  
Monrovia, California

657



## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

JACK DAVIES, owner Jack Davies Richfield Service Station, 2529 East Foothill Boulevard, Pasadena, California, furnished the following information:

DAVIES advised that SIRHAN SIRHAN began working for him at the station on September 28, 1964, and terminated this employment on June 7, 1965. DAVIES advised that SIRHAN worked at this same Richfield Station for one CLARENCE COPPING, who had previously owned the service station prior to DAVIES purchasing this station.

DAVIES advised that SIRHAN was an excellent worker and never caused any trouble around the station, was friendly to the customers, and seemed dedicated to his work.

DAVIES advised that during the time SIRHAN was employed at his station, he worked the night shift alone and was an excellent employee due to the fact that he was a loner and never had any friends; therefore, there were never groups of boys hanging around the service station while SIRHAN was on duty. He advised that SIRHAN never made friends with anyone at the service station and never expressed any of his political views or nationalistic beliefs to him.

DAVIES advised that he never saw SIRHAN with any girls and the only thing he recalls about SIRHAN was that he enjoyed going to the horse races at Santa Anita and he always got the impression that SIRHAN bet most of his salary on the horses. He advised that SIRHAN once mentioned that he would like to become a jockey and if he ever started any type of conversation at the station, it was concerning horses that were running at Santa Anita.

He advised that SIRHAN was very polite to the customers, attentive, showed an outstanding personality, and one of the best employees that has worked for him since he took over the Richfield Station.

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156  
by SAs ROLAND H. BROYLES and  
ALLEN K. TOLEN/AKT/rah Date dictated 6/7/68

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LA 56-156

He advised that approximately two months ago, SIRHAN came by his station on a Sunday and he helped SIRHAN tune up his 1956 DeSoto. He advised at this time he noticed no change in SIRHAN. He advised that during this time while SIRHAN was at the station, no conversation developed other than SIRHAN mentioned to him that his automobile had not been running for the past couple of months and that he had not purchased license plates for this automobile and that license plates currently on the automobile belong to his brother.

DAVIES advised that he never met any of SIRHAN's relatives nor at anytime while SIRHAN was employed by him did any of his friends come to the station.

DAVIES advised that IVAN MILICIC, who runs the Chevron Station across the street from his business, once needed some help in 1965 and SIRHAN worked for MILICIC approximately two weeks.

DAVIES advised that the last time he saw SIRHAN was on June 3, 1968, at approximately 11:00 a.m. when SIRHAN drove into his station to get gas. He advised that at this time, he was talking on the telephone and he noticed that SIRHAN had waved to him. He advised that SIRHAN waited on himself by putting the gasoline into his car and gave the money to SIDNEY MC DANIEL, an employee of the service station and SIRHAN drove off before DAVIES could speak to him.

DAVIES advised that although several of his customers may have known SIRHAN to see him, he is certain no one knew him well. DAVIES advised that he did not notice any difference in SIRHAN the past few months and he did not seem to change any since he was employed at the Richfield Service Station.

DAVIES went on to say that when he saw the picture of the suspected assassin of Senator KENNEDY on television, he immediately identified this individual as SIRHAN, who was employed by him and he further stated that it was hard for him to believe that SIRHAN could do this type of thing.

DAVIES then furnished the following names of individuals who might have known SIRHAN:



3  
LA 56-156

SIDNEY MC DANIEL  
91 Eloise  
Pasadena, California

CLARENCE COPPING  
2747 Morningside  
Pasadena, California

TOM BLESSING  
12700 Elliot  
El Monte, California

ROGER MOORE  
Duarte, California

CHESTER ADAM YASHUK  
2450 White Street  
Pasadena, California

CAROL LAMBRECHT  
Exact address unknown  
Telephone 966-1867

DAVIES added that on June 6, 1968, he was interviewed by an NBC news correspondent as to how he would describe the former employee SIRHAN BISHARA SIRHAN.

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

SIDNEY MC DANIEL, home address 91 Eloise, Pasadena, California, employee Jack Davies Richfield Service Station, 2529 East Foothill Boulevard, Pasadena, furnished the following information:

MC DANIEL advised that he first met SIRHAN SIRHAN in 1965 when he started working for JACK DAVIES at the Richfield Station. He advised that he knew SIRHAN to speak to him and that he would usually speak to SIRHAN when he came by the station for gasoline but never knew SIRHAN socially. MC DANIEL advised that he never at anytime saw SIRHAN with anyone and when he did see SIRHAN, he would always be alone. He went on to say that SIRHAN seemed to have a fine personality, was a good worker, was quite friendly and polite, but appeared to be a loner and a person who appeared to want to be left alone. *11.36d W.*

MC DANIEL advised that he never met any of SIRHAN's family and he always felt that SIRHAN was a foreigner but he never knew what country he was from. He advised that SIRHAN once mentioned to him that he liked to play the horses and his ambition was to work at a race track and maybe even become a jockey. He advised that SIRHAN once fell from a horse and was injured but he does not recall where the incident occurred or the exact date. He advised at no time during any conversations with SIRHAN did SIRHAN ever express any of his views. He advised that SIRHAN never spoke politically and at no time did he ever talk of violence or for that matter seemed to be a violent person.

MC DANIEL went on to say that on June 3, 1968, at approximately 10:30 a.m., SIRHAN came into the Richfield Station and purchased gas for his 1956 blue DeSoto, SIRHAN spoke briefly to him just to say hello and waved at Mr. DAVIES and then drove off.

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156  
by SAS ROLAND H. BROYLES and  
ALLEN K. TOLEN/AKT/rah Date dictated 6/7/68

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<sup>2</sup>  
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MC DANIEL advised that SIRHAN did not seem any different to him on June 3, 1968, than he had in the past. MC DANIEL further advised that when he saw SIRHAN's picture on the television as being the man who had shot Senator KENNEDY, it was hard for him to believe that SIRHAN could do this.

## FEDERAL BUREAU OF INVESTIGATION

1Date 6/7/68

IVAN MILICIC, 233 North Altadena Drive, Pasadena, California, owner Ivan Milicic Chevron Station, advised that during 1965, SIRHAN SIRHAN worked for him for a month. He advised that SIRHAN was a very good worker and did an excellent job operating his service station. He advised that SIRHAN would usually work the evening shift alone and that he never had any lengthy conversations with SIRHAN and at no time can he recall SIRHAN expressing his political views or any of his beliefs for that matter. He advised that to his knowledge, no one ever visited SIRHAN during the month he worked at the Chevron Station and stated that SIRHAN appeared to him to be a loner and a person who actually did not have very many friends.

MILICIC advised that he last saw SIRHAN on June 3, 1968, at Jack Davies Richfield Service Station across the street from his business. He advised that on this date, SIRHAN had pulled into the Richfield Service Station and appeared to be getting gas in his automobile. He advised that he was standing in the driveway of his business and SIRHAN waved at him as he left the Richfield Service Station.

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156

SAs ROLAND H. BROYLES and  
by ALLEN K. TOLEN/AKT/rah Date dictated 6/7/68

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## FEDERAL BUREAU OF INVESTIGATION

1

6/8/68

Date \_\_\_\_\_

BERT ALTFILLISCH, manager and part owner of Granja Vista Del Rio Farms at 13200 Citrus, Norco, California, advised that his regular office manager and bookkeeper, who was off with a broken back, had observed on television the person accused of shooting Senator ROBERT F. KENNEDY in Los Angeles. He had contacted him and advised that this appeared to be a former employee of theirs.

From his records, Mr. ALTFILLISCH was able to advise that SIRHAN, with Social Security No. [REDACTED], came to work for this farm on June 2, 1966, as an exercise boy with the thoroughbred horses. He was laid off on December 10, 1966. He gave his home address while working this six month period as 696 East Howard, Pasadena, California. He gave his date of birth as March 19, 1944, and his telephone number as SYcamore 8-2136.

Mr. ALTFILLISCH was able to advise from memory of little contact with SIRHAN and, from comments made about him by other employees, that he was supposed to be a political science student who had dropped out of school to try and become a jockey. He had come to this country with his brother and mother, but Mr. ALTFILLISCH did not know when. He seemed interested in politics but did not espouse any particular ideology or ideas that could be pinned to any political assaults or to any political party of any kind. He was very adamant in his beliefs and was dogmatic in his attitude in all things including politics and including his desire to be a jockey.

Mr. ALTFILLISCH discharged SIRHAN after it was apparent that he was not happy in his work and was not making much progress towards becoming a jockey. The trainers and Mr. ALTFILLISCH felt that he was too timid towards horses to ever become a good jockey. He was also not looked upon with favor by Mr. ALTFILLISCH since on one occasion he had attempted to organize the exercise boys into going home at noon and doing only exercise boy work. In other words, he did not like long hours of work and he felt that he was above doing the groom work since he was hired as an exercise boy. Mr. ALTFILLISCH was able to convince him and the others that if they did not do their work as directed, they would

On 6/5/68 at Norco, California File # Los Angeles 56-156  
by SA LANFORD L. BLANTON/gk Date dictated 6/6/68

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all be fired immediately. After this they all returned to work including SIRHAN and no more was heard regarding this matter.

It is noted that this farm is a large thoroughbred horse racing raising and training farm and as many as five to ten exercise boys and girls are hired at one time. Mr. ALTFILLISCH said he did not recall exactly who SIRHAN resided with at the time he was working at the farm. He believed he resided with one TERRY M. WELCH and possibly with a RICK VALDIZ who is presently at the Descancio Farms near San Diego, California, and possibly with STEVE GUERRERO, who he believes is working for RON MC MALLY at the Santa Anita Race Track. He has no idea where TERRY M. WELCH might be as he understood the Riverside Sheriff's Office was seeking his whereabouts at one time. He advised that SIRHAN may have lived with these people and may not. He believes he stayed somewhere in the vicinity of Norco during the week and traveled home to Pasadena on weekends. He was not particularly close to anyone at the farms and did not form a buddy relationship with any one particular person as is usually the habit of people working in this type of work. Mr. ALTFILLISCH said the only person working here at the present who would have had any contact with SIRHAN would be GARY NORRIS, the present trainer. He advised that GARY NORRIS took over the training work from one ROBERT LYNN WHEELER, who is presently a trainer at the Santa Anita or Hollywood Park Race Track.

Mr. ALTFILLISCH does not recall any mail coming in for SIRHAN. He never heard of SIRHAN being a member of any type of organization or attending any type meetings of any kind. He again pointed out that he had a number of employees and they were engaged in a busy type operation and although he had heard several comments concerning SIRHAN he did not have personal contact with him over a very few times.

Mr. ALTFILLISCH said that his records show that TERRY M. WELCH resided at 392 North Cota, Corona, California, in 1966.

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LA 56-156

Mr. ALTFILLISCH advised that while employed here SIRHAN was thrown from a horse on September 25, 1966. He advised that this happened in the morning hours and SIRHAN was immediately taken to the Corona Community Hospital in Corona, California. Mr. ALTFILLISCH made available copies of his information furnished by the doctor, the insurance company and his own report of this incident. He recalled that SIRHAN came back to work within a very few days after this incident and that he did not appear to be injured seriously. He was scratched up considerably and was uncomfortable for a few days. He worked for about two months after this and then later brought an action to obtain money from the insurance company for his injury.

Mr. ALTFILLISCH advised that during the summer, besides TERRY WELCH he had employed at the time three local girls as in the exercise area. One was PEGGY OSTERKAMP, the other was LINDA SEABOLT and JANICE PUCY.

Xerox copies of the reports furnished by Mr. ALTFILLISCH are attached.

EMPLOYER'S REPORT  
OF  
INDUSTRIAL INJURY  
TO  
STATE OF CALIFORNIA

Department of Industrial Relations  
Division of Labor Statistics & Research

INSURED'S COPY

naul Insurance Co.

550 CALIFORNIA STREET  
SAN FRANCISCO 4, CALIF.

1001 WILSHIRE BLVD.  
LOS ANGELES 17, CALIF.

Every question must be answered fully to avoid  
further correspondence. FAILURE TO FILE IS A MIS-  
DEMEANOR SUBJECT TO MAXIMUM FINE OF \$100.  
(Labor Code, Sections 6407-6412)

|             |            |
|-------------|------------|
| INDEXED     |            |
| MEDICAL     |            |
| ALLOCATED   |            |
| TOTAL       |            |
| CATASTROPHE | OCG. DIS.  |
| EXTENT      | SUBRO.     |
| BY:         | TERRITORY: |

Every work injury to an employee which causes disability lasting longer than the day of the injury or which requires medical services other than first aid treatment must be reported within five days after the injury. If the injury results in death, a report must be made by telephone or telegraph directly to the Division of Labor Statistics and Research, San Francisco, not later than 24 hours after death.

| EMPLOYER                                                                                                                                                                                                                           |                                                                                                                                                                 | POLICY NUMBER                                                                            | DO NOT WRITE<br>IN THIS COLUMN |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------|
| 1. Name (Give name under which concern does business)                                                                                                                                                                              | 347 Box 159 B (City or Town) Fresno, Calif.                                                                                                                     |                                                                                          | Case No.                       |
| 2. Office Address (No. and Street)                                                                                                                                                                                                 | 347 Box 159 B (City or Town) Fresno, Calif.                                                                                                                     |                                                                                          | Employer No.                   |
| 3. Nature of business (Manufacturing shoes, retailing men's clothes, trucking for hire, etc.)                                                                                                                                      | Shoe repair and shoe store                                                                                                                                      |                                                                                          | Industry                       |
| INJURED EMPLOYEE                                                                                                                                                                                                                   |                                                                                                                                                                 |                                                                                          | Age                            |
| 4. Name                                                                                                                                                                                                                            | Stephen Simon                                                                                                                                                   |                                                                                          | Industry                       |
| 5. Address (No. and Street)                                                                                                                                                                                                        | 347 Box 159 B (City or Town) Fresno, Calif.                                                                                                                     |                                                                                          | Age                            |
| 6. Age                                                                                                                                                                                                                             | 7. Sex: Check (✓) Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>                                                                      | 8. Check (✓) Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> | Sex and Marital Status         |
| 9. Number of hours worked per day                                                                                                                                                                                                  | Number of days worked per week                                                                                                                                  |                                                                                          | Weekly Wage                    |
| 10. Wages: \$ per hour, or \$ per day, or \$ per week. (If earnings at irregular rate, such as piece work or on commission basis, enter actual average weekly earnings for convenient period not to exceed one year.)              | \$ 26.00 per week                                                                                                                                               |                                                                                          | County                         |
| 11. If board, lodging, or other advantages furnished in addition to wages, give estimated value \$ or \$ per week.                                                                                                                 |                                                                                                                                                                 |                                                                                          | Accident Date                  |
| 12. Under which classification of your policy were his wages carried?                                                                                                                                                              |                                                                                                                                                                 |                                                                                          | Occupation                     |
| ACCIDENT                                                                                                                                                                                                                           |                                                                                                                                                                 |                                                                                          | Accident Type                  |
| 12. Place of accident (No. and Street)                                                                                                                                                                                             | 72000 USHIA (City or Town) Fresno, (County) Fresno                                                                                                              |                                                                                          | Agency                         |
| 13. On employer's premises (Yes or No)                                                                                                                                                                                             | Yes                                                                                                                                                             |                                                                                          | Agency Port                    |
| 14. Date of accident                                                                                                                                                                                                               | 9-25-66                                                                                                                                                         |                                                                                          | Mech. Defect                   |
| 15. Hour of day                                                                                                                                                                                                                    | 2:30 PM / P.M.                                                                                                                                                  |                                                                                          | Unsafe Act                     |
| 16. Did injury result in disability beyond day of accident? (Yes or No)                                                                                                                                                            | Yes                                                                                                                                                             |                                                                                          | Personal Defect                |
| 17. If yes, give date last worked                                                                                                                                                                                                  | 9-25-66                                                                                                                                                         |                                                                                          | Nature of Injury               |
| 18. Was injured paid in full for this day? (Yes or No)                                                                                                                                                                             | Yes                                                                                                                                                             |                                                                                          | Location                       |
| 19. If injured in a mine, check (✓) accident location: Surface <input type="checkbox"/> Mill <input type="checkbox"/> Underground <input type="checkbox"/> Shaft <input type="checkbox"/>                                          |                                                                                                                                                                 |                                                                                          | Extent of Injury               |
| CAUSE OF ACCIDENT                                                                                                                                                                                                                  |                                                                                                                                                                 |                                                                                          | Insurance Carrier              |
| 20. Occupation (job title)                                                                                                                                                                                                         | Shoe repairer                                                                                                                                                   |                                                                                          | Report Log                     |
| 21. How long employed by you at this occupation? Check (✓) Less than 6 mos. <input type="checkbox"/> 6 mos. to 2 yrs. <input type="checkbox"/> over 2 yrs. <input checked="" type="checkbox"/>                                     | 22. What was employee doing when accident occurred? (Describe briefly such as: loading truck, operating drill press, shoveling dirt, walking down stairs, etc.) |                                                                                          | Coded By                       |
| 23. How did the accident happen? (Describe fully, stating whether the injured person fell, was struck, etc.; give all factors contributing to accident. Use other side of report for additional space.)                            | While working on shoe, hand started to slip and                                                                                                                 |                                                                                          |                                |
| 24. What machine, tool, substance, or object was most closely connected with the accident? (Name the specific machine, tool, appliance, gas, liquid, etc., involved.)                                                              |                                                                                                                                                                 |                                                                                          |                                |
| 25. If mechanical apparatus or vehicle, what part of it? (State if gears, pulley, motor, etc.)                                                                                                                                     |                                                                                                                                                                 |                                                                                          |                                |
| 26. Were mechanical guards or other safeguards provided? (Yes or No)                                                                                                                                                               | 27. Was injured using them? (Yes or No)                                                                                                                         |                                                                                          |                                |
| 28. What do you recommend for preventing this type of accident? (State the specific preventive measure that can be taken by employer and workers. Do not say, "By being more careful." Specify what should or should not be done.) |                                                                                                                                                                 |                                                                                          |                                |
| NATURE OF INJURY AND PART OF BODY AFFECTED                                                                                                                                                                                         |                                                                                                                                                                 |                                                                                          |                                |
| 29. (Describe in detail the nature of the injury and the part of the body affected. For example: amputation of right index finger at second joint, fracture of ribs, lead poisoning, dermatitis of left hand, etc.)                | Laceration of skin, contusion of hand, part of a hand                                                                                                           |                                                                                          |                                |
| 30. Name and address of physician                                                                                                                                                                                                  | Fresno, Calif.                                                                                                                                                  |                                                                                          |                                |
| 31. Name and address of hospital                                                                                                                                                                                                   | Fresno, Calif.                                                                                                                                                  |                                                                                          |                                |
| 32. Has employee returned to work? (Yes or No)                                                                                                                                                                                     | Yes                                                                                                                                                             |                                                                                          |                                |
| 33. If yes, give date                                                                                                                                                                                                              | 9-25-66                                                                                                                                                         |                                                                                          |                                |
| 34. Did injury result in death? (Yes or No)                                                                                                                                                                                        | No                                                                                                                                                              |                                                                                          |                                |
| 35. If yes, give date                                                                                                                                                                                                              |                                                                                                                                                                 |                                                                                          |                                |
| 36. In case of death, give name and address of nearest relative                                                                                                                                                                    |                                                                                                                                                                 |                                                                                          |                                |
| 37. Is injured—(a) Employed by Sub-Contractor?—(b) An officer, partner or relative (by blood or marriage) of the Employer? Give details                                                                                            |                                                                                                                                                                 |                                                                                          |                                |
| 38. Was injury caused by anyone else? How                                                                                                                                                                                          |                                                                                                                                                                 |                                                                                          |                                |
| 39. Name                                                                                                                                                                                                                           | Address                                                                                                                                                         |                                                                                          |                                |
| 40. On reverse side list names and addresses of witnesses.                                                                                                                                                                         |                                                                                                                                                                 |                                                                                          |                                |
| 41. Date Employer was notified of injury                                                                                                                                                                                           | When will Injured return to work?                                                                                                                               |                                                                                          |                                |
| Signed by                                                                                                                                                                                                                          | Official position                                                                                                                                               |                                                                                          |                                |
| Telephone                                                                                                                                                                                                                          | Date                                                                                                                                                            |                                                                                          |                                |
| Number                                                                                                                                                                                                                             |                                                                                                                                                                 |                                                                                          |                                |



AMBULANCE 11/10/66  
DR. CALLED R Nelson  
REPORTED \_\_\_\_\_

CORONA COMMUNITY HOSPITAL  
812 WASHEURN AVE.  
CORONA, CALIFORNIA 91720  
PHONES 737-4243 - 4244 - 4245

ER 4045

NAME Sirhan, Sirhan DATE 9-25-66 TIME 9:34 AM  
ADDRESS 696 E Howard Ave CHIEF COMPLAINT  
CITY Pasadena Industrial accident, was riding race horse when  
SEX Male he ran into fence and fell, sustaining injuries  
DATE OF BIRTH 3-19-44 PHONE 54-82136 as follows: Brought in by Thomas  
SOCIAL SECURITY NO. \_\_\_\_\_ Ambulance  
RESPONSIBLE PARTY Self TREATMENT  
ADDRESS \_\_\_\_\_  
EMPLOYER Altfilisch, Const. Co. Neurbutal gr 1 1/2 cc's  
ADDRESS Bd 159B Rt 1 Corona Dawson  
INSURANCE CO. \_\_\_\_\_  
GROUP NO. \_\_\_\_\_ CERT. NO. \_\_\_\_\_  
ACCIDENT (NATURE, DATE, WHERE) Thrown from  
Horse - 9-25-66 8:30 AM Laceration of left upper lid (medial)  
Granger Vista Del Rio Bilateral sand foreign bodies in eyes  
Citrus 13200 - East Vale (Mered) Laceration of chin, complex, 5 cm total  
EMERGENCY ROOM CHARGES: 15.00 Large contusion of dorsal back  
Subcut S&T 5.00 Contusion of left hand  
Neurbutal Sodium gr 1 1/2 5.00 Multiple abrasions. 25 cc's  
Pop tray 1.00 HYPERKET given  
PROFESSIONAL FEE \_\_\_\_\_  
SUB TOTAL \_\_\_\_\_  
X-RAY Spine 17.50 Hospitalized for further care.  
Skull 25.00  
① Shoulder 15.00  
① Hand 12.50  
A.H. 5.00  
LABORATORY \_\_\_\_\_  
TOTAL 91.50 DISPOSITION Hospitalized  
NURSES SIGNATURE W. White, RN PHYSICIAN Richard A. Nelson, M.D.

CONSENT FOR TREATMENT

Knowing that I am suffering a condition requiring diagnosis and medical or surgical treatment; I hereby voluntarily consent to such diagnostic procedures and hospital care, medical, surgical or x-ray treatment as is deemed necessary in the judgment of the attending physician. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examination in the Hospital.  
This form has been fully explained to me and I certify that I understand its contents. I also hereby assign all medical and surgical insurance benefits to the attending physician(s) and all hospital and disability insurance benefits, otherwise payable to me, to the hospital. I also designate the hospital and attending physician(s) to act as my attorney to collect any such benefits up to the total amount billed for fees and services. I also expressly authorize the hospital and attending physicians to release all information required to collect such fees.

Patient male Sign \_\_\_\_\_  
(REASON NOT SIGNED BY PATIENT)

Signed for Larry Silverman  
Patient by Friend  
RELATIONSHIP

MEDICAL RECORDS

**DOCTOR'S FIRST REPORT OF WORK INJURY** Immediately after first examination, mail one copy directly to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 1, and two copies to Enterprise Insurance Company at address shown above. Failure to file a report with the Division is a misdemeanor. (Labor Code, Section 6407-6413.) Answer all questions fully.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1. EMPLOYER.....                                                                                                                                                                                                                                                                                                                                                                                                                                | Do not make in this space                     |
| 2. Address (No. & City).....                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |
| 3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.).....                                                                                                                                                                                                                                                                                                                                                    |                                               |
| 4. EMPLOYEE (Last name, middle initial, first name).....                                                                                                                                                                                                                                                                                                                                                                                        |                                               |
| 5. Address (No. & City).....                                                                                                                                                                                                                                                                                                                                                                                                                    | Tel. No. ....                                 |
| 6. Occupation.....                                                                                                                                                                                                                                                                                                                                                                                                                              | Age ..... Sex .....                           |
| 7. Date injured.....                                                                                                                                                                                                                                                                                                                                                                                                                            | Hour ..... AM Date last worked.....           |
| 8. Injured at (No. & City).....                                                                                                                                                                                                                                                                                                                                                                                                                 | County.....                                   |
| 9. Date of your first examination.....                                                                                                                                                                                                                                                                                                                                                                                                          | Hour ..... AM Who engaged your services?..... |
| 10. Name other doctors who treated employee for this injury.....                                                                                                                                                                                                                                                                                                                                                                                |                                               |
| 11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury?..... Employee's statement of cause of injury or illness:<br>While driving a 1960 Ford this morning.                                                                                                                                                                                                                                                                      |                                               |
| 12. NATURE AND EXTENT OF INJURY OR DISEASE (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures.)<br>Accompanied of left lower lid (eye); bilateral conjunctivitis (conj.) in eye; inflammation of eye; conjunctivitis; severe bilateral conjunctivitis; severe inflammation of lower lid; condition of left eye and multiple abnormalities. |                                               |
| 13. X-rays: By whom taken? (State if none).....<br>Findings:<br>Negative for fractures                                                                                                                                                                                                                                                                                                                                                          |                                               |
| 14. Treatment: (State if none).....                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |
| 15. Kind of case (Office, home, hospital)..... If hospitalized, date..... Estimated stay.....<br>Name and address of hospital.....                                                                                                                                                                                                                                                                                                              |                                               |
| 16. Further treatment (Estimated frequency and duration).....                                                                                                                                                                                                                                                                                                                                                                                   |                                               |
| 17. Estimated period of disability for: Regular work..... Modified work.....                                                                                                                                                                                                                                                                                                                                                                    |                                               |
| 18. Describe any permanent disability or disfigurement expected (State if none).....                                                                                                                                                                                                                                                                                                                                                            |                                               |
| 19. If death ensued, give date.....                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |
| 20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information.)                                                                                                                                                                                                                                                                                                        |                                               |

Name..... Degree.....  
(Type of print).....  
Date of report..... Address (No. & City)..... Tel. No. ....

SIRHAN, SIRHAN  
696 E. Howard  
Pasadena, California

BILL TO  
ADDRESS  
CITY  
PHONE

## STATEMENT

ROOM NO.  
Out-Patient  
RATE  
DOCTOR  
Schnepper

HOSPITAL NO. ER-4179  
DATE ADM. 10-8-66  
HOUR ADM.  
DATE DISCH.

MR. DISCH.

[illegible]

SEE REVERSE SIDE OF YOUR STATEMENTS.

VALUES ARE TAKEN FROM THE 1964 RELATIVE VALUE STUDIES - 4TH EDITION.

DATE OF POSTING DOES NOT  
NECESSARILY REPRESENT THE DATE  
THE SERVICE WAS RENDERED.

YOUR PRIVATE PHYSICIAN'S CONSULTANT'S AND ANESTHESIOLOGIST'S CHARGES ARE NOT INCLUDED IN THIS BILL.

THIS BILL INCLUDES ALL CHARGES REPORTED TO THIS OFFICE UP TO TIME OF DISCHARGE. UNREPORTED CHARGES WILL BE BILLED LATER. BILLS PAYABLE UPON PRESENTATION.

ALL BILLS PAYABLE ON PRESENTATION.  
RETAIN FOR INSURANCE AND TAX RECORDS.

2025 RELEASE UNDER E.O. 14176

**CORONA COMMUNITY HOSPITAL**  
812 SO. WASHBURN AVENUE • CORONA, CALIFORNIA  
TELEPHONES: 737-4343 -- 680-0093

**BILLING AGENT FOR**  
**PAUL H. DIEB, M.D.**  
**JOHN W. KIZZAR, M.D.**  
**RADIOLOGISTS**

THOMAS F. JONES, M.D.  
PATHOLOGIST

### PATIENT'S STATEMENT

029



ROOM NO. 235-1.

MR. DISCH.

BILL TO  
ADDRESS  
CITY  
PHONE

RATE \$39.00  
DOCTOR R. Nelson

*Handwritten signature*

673

2025 RELEASE UNDER E.O. 14176

## FEDERAL BUREAU OF INVESTIGATION

1Date 6/7/68

TRULA MERRIMAN, Stenographer, California Horse Racing Board, 205 South Broadway, furnished the following:

She made available an application for license as a hot walker completed by SIRHAN BISHARA SIRHAN. The license was issued on January 1, 1966, at the Santa Anita, California Race Track.

The application indicated that SIRHAN BISHARA SIRHAN, 696 East Howard Street, Pasadena, California, was born on March 19, 1944 in Jerusalem, Jordan. His employer was listed as GORDON BOWSHER. A previous employer of SIRHAN was listed as CLARENCE COPPING, 2529 Foothill, Pasadena, California. Three names were listed on the form as persons who have known SIRHAN well for the past ten years. These individuals were furnished as: WALTER CROWE, 1700 Topeka Street, Pasadena, California; TOM GOOD, 1743 Elizabeth Street, Pasadena, California; JOHN STRATHMANN, 1760 North Oxford Avenue, Pasadena, California. The form was signed "SIRHAN SIRHAN".

Mrs. MERRIMAN advised that she was furnishing this original form for the use of the FBI. She stated it is signed by SIRHAN and was probably executed by him as these forms are normally filled out by the applicant.

---

On 6/7/68 at Los Angeles, California File # Los Angeles 56-156

by SA THEODORE E. CHILDRESS/vjh Date dictated 6/7/68

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.

## FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

KATIE COFFEY, Secretary for Dr. NELSON, and whose residence is 11315 Laverne, Riverside, California, advised that she recalled SIRHAN SIRHAN coming into the office in the fall of 1966, after he had been thrown off a horse. She advised that he was a very nervous and "jumpy" person, and she talked to him on a few occasions attempting to get him to settle down in the office and not to be so upset while awaiting the Doctor. She said that from the slight conversation she had with him, he appeared to be an unhappy and nervous person who gave the impression he felt like he was being picked on most of the time. She said that he appeared to be very self-conscious about his very small size. She had no discussions with him of a political or social nature, and talked with him in an attempt to calm him down.

On 6/5/68 at Corona, California File # Los Angeles 56-156  
by SA LANFORD L. BLANTON/sjg/HMS Date dictated 6/7/68

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## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

Dr. RICHARD A. NELSON, Suite 7, 760 South Washburn, Corona, California, advised that he recalled treating SIRHAN SIRHAN for an injury received from a fall. SIRHAN SIRHAN was thrown from a horse while he was employed by the Granja Vista Del Rio Farms. He was first seen on September 25, 1966, when he was brought to the Corona Community Hospital. Dr. NELSON said that there was no serious injury incurred. He was admitted to the hospital by Dr. NELSON on September 25, 1966, at 12:30 p.m. He was released at 1:35 p.m. on September 26, 1966. Dr. NELSON wanted him to stay in the hospital longer, but he was very reluctant to stay in the hospital and almost a belligerent patient. X-rays were taken of his skull, back, shoulders, and arms, and they were all negative. There was no permanent damage incurred in any place from this fall. SIRHAN was scratched extensively and the injury was painful for a few days, but was not serious.

Dr. NELSON recalled SIRHAN questioned all of the medical applications and all medicines administered to him, and appeared unduly frightened of the various treatments. Dr. NELSON said that he appeared to be an angry young person, but that he did not give it much thought at that time. He said that he does remember him very plainly, because he was one of the most reluctant patients that he had ever had.

Dr. NELSON furnished the copies of all the medical records at the Corona Community Hospital, and furnished these to SA BLANTON.

After SIRHAN was released on September 26, 1966, Dr. NELSON saw him again on September 29, 1966. Notations were made in his own records that he was healing, and he was fully active at that time. He saw him again on October 26, 1966, in his office, and SIRHAN appeared to be completely healed. He complained of a little trouble with his left eye, and Dr. NELSON referred him to Dr. MILTON A. MILLER, 824 South Main, Corona, an optometrist.

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On 6/5/68 at Corona, California File # Los Angeles 56-156

by SA LANFORD L. BLANTON/sjg Date dictated 6/7/68

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LA 56-156

Dr. NELSON again stated that SIRHAN's injuries were not serious and were only dirty and momentarily painful.

Attached is a copy of the Corona Community Hospital Records pertinent to SIRHAN SIRHAN made available by Dr. NELSON.

DR. CALLED Schuyler

REPORTED

812 WASHBURN AVE.  
CORONA, CALIFORNIA 91720  
PHONES 737-4343 - 698-0073

ER 4179

NAME Sirhan Sirhan  
ADDRESS 696 E. Howard St  
CITY Pasadena, Cal  
SEX Male  
DATE OF BIRTH 3-19-44 PHONE 548-2136  
SOCIAL SECURITY NO. [REDACTED]  
RESPONSIBLE PARTY Enaja Vista day Rio  
ADDRESS 13200 Citrus St, Corona  
EMPLOYER ↑  
ADDRESS  
INSURANCE CO.  
ADDRESS  
GROUP NO. CERT. NO.

ACCIDENT (NATURE, DATE, WHERE)

Wound left hand wound  
this from a explosion accident

EMERGENCY ROOM CHARGES

PROFESSIONAL FEE

SUB TOTAL

X-RAY

LABORATORY

TOTAL

NURSES SIGNATURE

DATE 10/8/66  
CHIEF COMPLAINT

TREATMENT

DISPOSITION

PHYSICIAN

## CONSENT FOR TREATMENT

Knowing that I am suffering a condition requiring diagnosis and medical or surgical treatment, I hereby voluntarily consent to such diagnostic procedures and hospital care, medical, surgical or x-ray treatment as is deemed necessary in the judgment of the attending physician. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examination in the Hospital.

This form has been fully explained to me and I certify that I understand its contents. I also hereby assign all medical and surgical insurance benefits to the attending physician(s) and all hospital and disability insurance benefits, otherwise payable to me, to the Hospital. I also designate the Hospital and attending physician(s) to act as my attorney to collect any such benefits up to the total amount billed for fees and services. I also expressly authorize the Hospital and attending physicians to release all information required to collect such fees.

Patient

Sirhan Sirhan

(REASON NOT SIGNED BY PATIENT)

67676

Signed for

Patient by

RELATIONSHIP



Hospital No. 7988  
Inpatient 215-1 Rate \$36.50

ADMISSION FORM  
CORONA COMMUNITY HOSPITAL

Date Adm 9-25-66 at 12:30 pm  
Date Disch 9-26-66 at 1:40

Name SIRHAN, MR. SIRHAN  
Address 696 East Howard  
Pasadena, California

Previous Adm. to this hospital ☒ No ☐ Yes  
Previous Adm. to other hospitals ☒ No ☐ Yes  
Local Address Samo

Age 22 Sex M Birthdate 3-19-44 Marital Status S  
Race Cauc. Nationality

Religious Preference

Employed By Exerciso Boy Address Altfillisch Const. Co. Rt. 1 Box 159B Corona, Calif.  
Home Address Sirhan Father Samo

Employed By  Address

☒ Industrial Accident  
Service of Dr. R. Nelson 760 Washburn Corona  
Admitted By Gale Norbuts

Diagnosis Multiplo Contusions and Abrasions, Severe Back Injury  
multiple lacerations, bleeding, severe trauma  
to legs, back, & eye  
none  
Anterior of sacrum (L5/S1)

Code No. 929 ✓  
918.0 ✓  
879.6 ✓  
930 ✓  
89.4 ✓

☐ Discharge only ☐ Yes ☐ No

## RELEASE OF RESPONSIBILITY

This is to certify that I, SIRHAN, SIRHAN  
hereby release the Hospital from all responsibility for loss or damage of any personal  
articles left in my possession, or any items brought into the Hospital during my hospital-  
ization.

I have been advised by the Hospital to return any unnecessary articles to my home,  
and I take full responsibility for retaining in my possession any articles which I consider nec-  
essary, and for the removal of these articles from the Hospital premises at the time of dis-  
charge.

Any valuables placed by me into the Valuables Envelope No. .... are itemized  
separately on the face of the envelope and placed in the Hospital safe.

DATE: 9-25-66

SIGNED

X Sirhan Sirhan  
PATIENT

WITNESS .....

IF PATIENT IS A MINOR OR IS UNABLE TO SIGN, COMPLETE THE FOLLOWING:

PATIENT IS A MINOR.....(STATE AGE); IS UNABLE TO SIGN BECAUSE.....

DATE: .....

WITNESS .....

Signature (State Relationship)

SIRHAN, SIRHAN 215-1 Dr. B. Holson 7988  
Name - Last First Middle Room-Bed Attending Phys. Hosp. No.

## RELEASE OF RESPONSIBILITY

678

CONDITIONS OF ADMISSION  
to  
CORONA COMMUNITY HOSPITAL

A copy of this Document is to be delivered to the patient.

1. **General Duty Nursing:** The hospital provides only general duty nursing care. Under this system nurses are called to the bedside of the patient by a signal system. If the patient is in such condition as to need continuous or special duty nursing care, it is agreed that such must be arranged by the patient, or his legal representative, or his physicians, and the hospital shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.
2. **Medical and Surgical Consent:** The patient is under the control of his attending physicians and the hospital is not liable for any act or omission in following the instructions of said physicians, and the undersigned consents to any x-ray examination, anesthesia, medical or surgical treatment or hospital services rendered the patient under the general and special instructions of the physicians.
3. **Release of Information:** The hospital is authorized to furnish from patient's record requested information or excerpts to any insurer of patient.
4. **Personal Valuables:** It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables and the hospital shall not be liable for the loss or damage to any money, jewelry, glasses, dentures, documents, furs, fur coats and fur garments or other articles of unusual value and small compass, unless placed therein, and shall not be liable for loss or damage to any other personal property, unless deposited with the hospital for safekeeping.
5. **Financial Agreement:** The undersigned agrees, whether he signs as agent or as patient, that in consideration of the services to be rendered to the patient, he hereby individually obligates himself to pay the account of the hospital in accordance with the regular rates and terms of the hospital. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts bear interest of the legal rate.
6. **Insurance:** I understand that, if my hospitalization is covered by insurance of any type, it is nevertheless, my personal obligation to pay for all hospital charges as presented by the above mentioned hospital. I hereby consent that the hospital may request any insurance company concerned with my hospitalization to name it, the hospital, upon all settlement or recovery under such insurance.

The undersigned certifies that he has read the foregoing, receiving copy thereof, and is the patient, or is duly authorized by the patient as patient's general agent to execute the above and accept its terms.

|                                                  |                                        |
|--------------------------------------------------|----------------------------------------|
| <u>DR. RICHARD NELSON</u><br>Attending Physician | <u>SIRHAN SIRHAN</u><br>Patient's Name |
| Date _____ Hour _____                            | <u>X Sirhan Sirhan</u> Patient         |
|                                                  | _____ Witness                          |
| Date _____ Hour _____                            | _____ Relationship                     |
|                                                  | _____ Witness                          |
| Date _____ Hour _____                            | _____ Relationship                     |
|                                                  | _____ Witness                          |



DR CALLED

R Nelson012 WASHBURN AVE.  
CORONA, CALIFORNIA 91720  
PHONES 737-4343-658, 0093

7928 "11"

ER 4045

REPORTED

NAME

Sirhan, Sirhan

DATE

9-25-66

TIME

9:30AM  
PM

ADDRESS

696 E. Howard

CHIEF COMPLAINT

Industrial accident; was riding race-horse when he ran into fence and fell, sustaining injuries as follows:

CITY

Pasadena

SEX

Male

DATE OF BIRTH

3-19-41 PHONE 54-82136

SOCIAL SECURITY NO.

RESPONSIBLE PARTY

Self

TREATMENT

Gum and

ADDRESS

EMPLOYER

Altfilisch, Const. Co.Neurbutal gr. 1/2 oral

ADDRESS

Bd. 159B Rt. 1 LagunaDuran

INSURANCE CO.

ADDRESS

GROUP NO.

CERT. NO.

ACCIDENT (NATURE, DATE, WHERE)

Thrown fromHorse -9-25-66 5:30 AMLaceration of left upper lid (medial)  
Bilateral sand foreign bodies in eyes  
Laceration of chin, complex, 5 cm total  
Large contusion of dorsal back  
Contusion of left hand  
Multiple abrasions.Granja Vista Del RioCitrus 13200 - East 1112 (Mered)

EMERGENCY ROOM CHARGES

15.00

Hospitalized for further care.

Suture set5.00Neurbutal Sodium gr. 1/250Plp. tray1.00

PROFESSIONAL FEE

SUB TOTAL

X-RAY

+ Spine17.50Skull25.00(1) Shoulder15.00(1) Hand12.50A.H.5.00

LABORATORY

TOTAL

91.50

DISPOSITION

Hospitalized

NURSES SIGNATURE

W. White, RN

PHYSICIAN

Richard A. Nelson, M.D.

M.D.

## CONSENT FOR TREATMENT

Knowing that I am suffering a condition requiring diagnosis and medical or surgical treatment, I hereby voluntarily consent to such diagnostic procedures and hospital care, medical, surgical or x-ray treatment as is deemed necessary in the judgment of the attending physician. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examination in the Hospital.

This form has been fully explained to me and I certify that I understand its contents. I also hereby assign all medical and surgical insurance benefits to the attending physician(s) and all hospital and disability insurance benefits, otherwise payable to me, to the hospital. I also designate the hospital and attending physician(s) to act as my attorney to collect any such benefits up to the total amount billed for fees and services. I also expressly authorize the hospital and attending physicians to release all information required to collect such fees.

680

Signed for

Larry Minnemann

Patient by

RELATIONSHIP

Friend

Patient

unable to sign

(REASON NOT SIGNED BY PATIENT)

Call 737 3375 for info.

HOSPITAL REGULATION: All positive and important negative findings shall be recorded.

Date: 9-25-66 11:30 am a.m.  
 Hour: P.M.

Problem: Fell from race horse, big fence, sustained multiple injuries:

Contusion of the left subscapular-dorsal area  
 Laceration and hematoma of left upper lid  
 Bilateral sand foreign bodies of the eyes  
 Contusion of the left hand  
 Lacerations of the chin-neck  
 Multiple superficial abrasions.

## ORDER OF RECORDING

1. Chief Complaint
2. History of Present Illness
3. History of Past Illness
  - a) childhood
  - b) adult
  - c) operations
  - d) injuries
4. Family History
5. Social History
7. Signature
  - a) General
  - b) Skin
  - c) Head-Eyes-Ears-Nose-Throat
  - d) Neck
  - e) Respiratory
  - f) Cardiovascular
  - g) Gastrointestinal
  - h) Genito-urinary
  - i) Gynecological
  - j) Locomotor
  - k) Neuro-psychiatric
6. Systemic Review

This 22 yr old Arabian male was riding a race horse when it veered toward the fence and he fell off, causing the above-described injuries. He was brought in by ambulance. Clothing was removed and the above-described injuries noted and treated.

Eyes were irrigated with saline after 1% Pontocaine gts. Neosporin ung.  
 Chin laceration sutured

Spine, hand, shoulder Films reviewed by Dr. Deeb, most probably negative

Patient has never been to a doctor, no major previous injuries. No surgery, no major medical illness. Denies knowledge of TB or Cancer or diabetes.

System review is totally negative.

Background: has been in US for some years studying, apparently has finished college, but prefers riding horses, has aspirations to become a jockey.

|                                 |                               |                                          |                      |
|---------------------------------|-------------------------------|------------------------------------------|----------------------|
| Name-Last<br>Sirhan, Mr. Sirhan | First                         | Middle                                   | Hospital No.<br>7753 |
| Room No.                        | Clinic or Service<br>Surgical | Attending Physician<br>R.A. Nelson, M.D. |                      |

681

HISTORY

1-66-10001

HOSPITAL REGULATION: All positive and important negative findings shall be recorded.

Date 9-25-66 11:30 am a.m. Age 22 Sex Male Weight  Height   
 Temp.  Pulse 76 reg Resp.  Blood Pressure 116/82

ORDER OF  
RECORDING

1. General
2. Skin
3. Eyes
4. Ears
5. Nose
6. Mouth
7. Throat
8. Neck
9. Chest
10. Heart
11. Abdomen
12. Genitalia
13. Lymphatic
14. Blood Vessels
15. Locomotor
16. Extremities
17. Neurological
18. Rectal
19. Vaginal
20. Diagnosis
21. Signature

## General appearance:

Young adult dark-skinned male lying on a stretcher in severe pain, covered from head to toe with dirt. left eye is bleeding and he complains of pain in the shoulder. He is alert, nervous, but cooperative

Head: 7 mm laceration in left upper lid which is bleeding actively, with fairly large hematoma of the lid. Laceration is near medial canthus Pupils are equal, react normally. Both conjunctivae have a large amount of sand.

Face: no other injuries

Neck: 5 cm laceration of chin, compound, closed with 4-0 nylon sutures

Thorax: normal bony thorax, no palpable or x-ray evidence of fractured ribs. lungs clear, heart tones good, no murmurs

Abdomen: flat, no scars, no tenderness, no masses, no hernia noted.

Rectal not done

Genitalia normal to inspection and palpation.

## Extremities

Right shoulder, also left, slight tenderness X-ray neg, superficial abrasion left hand has some contusion and slight discomfort -- films neg.

Lower extremities: normal normal, no evidence of trauma

Reflexes normal

Impression: Multiple external injuries as noted

Advise: Detailed emergency room care done/  
Hospitalize for further treatment and observation.

Name—Last Sirhan, Mr. Sirhan First  Middle  Hospital No. 7488  
 Room No. 21 Clinic or Service Surgery Attending Physician Richard A. Nelson, M.D.



# Corona Community Hospital

| DATE    | Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patients |
|---------|----------------------------------------------------------------------------------------------------------------------------|
| 9-26-69 | Dental Summary                                                                                                             |
|         | <p>multiple injuries are occurring</p> <p>injury</p> <p>Bill Miller</p>                                                    |
|         |                                                                                                                            |
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|         |                                                                                                                            |

PROGRESS RECORD.

Name *Seiphan, Arthur*

683

Hosp. No. *7938*

Name-Last

First

Middle

Attending Physician

Hospital No. 7988  
Location 215-1

## SIXTH REPORT

## FIFTH REPORT

## FOURTH REPORT

684

This Laboratory Sheet For Micro Filming Purposes

Name Sirhan, Sirhan Ward or Room 215 Hosp. No. 7988  
 Doctor Richard Nelson Lab. No. \_\_\_\_\_  
 Specimen \_\_\_\_\_  
 Kellmer-Wassermann \_\_\_\_\_ Kohn \_\_\_\_\_  
 Kline Non-Reactive Massini \_\_\_\_\_  
 V.D.R.L. \_\_\_\_\_  
 Blood Agglutinations: E. Typhi-O \_\_\_\_\_  
 S. Para A \_\_\_\_\_ Para B \_\_\_\_\_  
 P. Tolerence \_\_\_\_\_ Br. Aborts \_\_\_\_\_  
 Other Tests \_\_\_\_\_  
 Date 9/23/66 Technician H. L. L. L.  
 STD. FORM 781-A BANCOS-3, P. **SEROLOGY**

Doctor Nelson, R. Lab. No. \_\_\_\_\_  
 Color yellow Character clear Reaction 6  
 S. G. 1.013 W. B. C. 0-1  
 Albumin 0 R. B. C. 0  
 Sugar 0 Epi. Cells few  
 Acetone 0 Casts 0  
 Diacetic \_\_\_\_\_ Bacteria 0  
 Bile \_\_\_\_\_ Crystals 0  
 Other Tests \_\_\_\_\_  
 Date 9-26-66 Technician H. L. L. L.  
 STD. FORM 781-A BANCOS-3, P. **URINALYSIS**

Name Sirhan, Sirhan Ward or Room 215 Hosp. No. \_\_\_\_\_  
 Doctor Nelson, R. Lab. No. \_\_\_\_\_  
 Color Index \_\_\_\_\_ Reticulocytes \_\_\_\_\_ Platelets \_\_\_\_\_  
 Clotting Time \_\_\_\_\_ Bleeding Time 14.5  
 R. B. C. \_\_\_\_\_ W. B. C. 5,400  
**DIFFERENTIAL**

| POLYS. |          |      | EOSINS. | BASO. | LYMPHS. |   |   |   | MONOS. | MYELOS. |   |   |   |
|--------|----------|------|---------|-------|---------|---|---|---|--------|---------|---|---|---|
| Total  | Non-Seg. | Seg. |         |       | Total   | L | M | S |        | Total   | N | E | B |
|        |          | 57   | 1       |       | 42      |   |   |   |        |         |   |   |   |

Sed. Rate \_\_\_\_\_ Cor. Sed. Rate \_\_\_\_\_ Hematocrit 43 Blood Vol. \_\_\_\_\_  
 Remarks \_\_\_\_\_  
 Date 9-26-66 Technician H. L. L. L.  
 STD. FORM 781-B BANCOS-3, P. **BLOOD (Morphology)**

PAUL H. DEEB, M.D. AND J. W. KIZZIAH, M.D. RADIOLOGISTS

X-RAY  
FILM

ROOM 1

NAME SIRHAN, SIRHAN

PT. NO. SIRHAN, SIRHAN

DOCTOR Richardson Nelson

AGE 21 1/2 SEX M X-RAY NO. 53591

# Radiologic Consultation Request

| EXAMINATION REQUESTED | EXAMINATION PERFORMED | CODE |
|-----------------------|-----------------------|------|
| Complete back and     | T Spine               | 7207 |
| THORACIC SPINE        | AK                    | 7026 |
| SKULL                 | Lt. Shoulder          | 7248 |
| LEFT SHOULDER         | Lt. Hand              | 7259 |
| L Shoulder            | Ext. Homs             | 7475 |
| L Hand                |                       |      |

| TO BE COMPLETED<br>BY REQUISITIONER | PREVIOUS<br>X-RAY HERE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | WHEN? | RACE | HEIGHT | WEIGHT | WALK <input type="checkbox"/> CART <input type="checkbox"/> | CHAIR <input type="checkbox"/> PORTABLE <input type="checkbox"/> |
|-------------------------------------|-----------------------------------------------------------------------------------------------|-------|------|--------|--------|-------------------------------------------------------------|------------------------------------------------------------------|
|                                     |                                                                                               |       | M    | 5'4"   | 112    |                                                             |                                                                  |

|                                                                                                                                    |                |
|------------------------------------------------------------------------------------------------------------------------------------|----------------|
| SUMMARY OF PERTINENT<br>HISTORY - PHYSICAL<br>FINDINGS - AND ALL<br>PROVISIONAL DIAGNOSIS<br>(TO BE COMPLETED<br>BY REQUISITIONER) | Fell off horse |
|------------------------------------------------------------------------------------------------------------------------------------|----------------|

| FOR X-RAY DEPARTMENT<br>USE ONLY | RADIOLOGIST | TECH. | DICTATED:    | 14 X 17 | 10 X 12 | DATE     |
|----------------------------------|-------------|-------|--------------|---------|---------|----------|
|                                  | B           |       | 9-26-66      |         |         | 9-26-66  |
|                                  |             |       | TRANSCRIBED: | 11 X 14 | 8 X 10  | TIME     |
|                                  |             |       | 9-26-66      |         |         | 11:00 AM |

REPORT OF RADIOLOGIST

**SKULL:** The examination of the skull shows the cranial pattern quite well. The information of a fall from a horse is reviewed. The films do not show evidence of depression or fracture. A prominent vascular pattern is suggested near the vertex. The sella turcica is normal and portions of the cervical spine is included.

**LEFT SHOULDER:** The examination of the left shoulder failed to show evidence of fracture or dislocation. The joint margins are preserved. Portions of the lungs and upper ribs are seen.

**THORACIC AND LUMBAR SPINE:** The examination of the thoracic and lumbar spine shows the vertebral bodies fairly well. On one view there is a questionable shadow involving T7 but this is not supported by other views and definite evidence of compression fracture is not seen. If the patient should have pain perhaps oblique views would be of value. The adjacent ribs incidently are seen and appear intact.

**LUMBAR SPINE:** The examination of the lumbar spine shows no compression of the vertebra or spaces. The transverse processes are quite well outlined. The lower ribs are seen. No major bone defect is visible. Portions of the pelvis and hip regions are included.

**LEFT HAND:** The examination of the left hand shows no fracture or dislocation.

**CONCLUSION:** No gross bone defect seen in the spine, left shoulder, left hand or skull.

685

CODE: PHD:pjp

SIGNED

Paul H. Deeb

M.D.

RADIOLOGIST

MOBART PRETS



2025 RELEASE UNDER E.O. 14176

| Day P. O. or P. P. |                     |     | Date |   |    | A.M. |   |    | P.M. |   |    | A.M. |   |    | P.M. |   |    | A.M. |   |    | P.M. |   |    |      |   |    |
|--------------------|---------------------|-----|------|---|----|------|---|----|------|---|----|------|---|----|------|---|----|------|---|----|------|---|----|------|---|----|
| HOUR               |                     |     | A.M. |   |    | P.M. |   |    | A.M. |   |    | P.M. |   |    | A.M. |   |    | P.M. |   |    | A.M. |   |    | P.M. |   |    |
|                    |                     |     | 4    | 8 | 12 | 4    | 8 | 12 | 4    | 8 | 12 | 4    | 8 | 12 | 4    | 8 | 12 | 4    | 8 | 12 | 4    | 8 | 12 | 4    | 8 | 12 |
| PULSE (Red)        | TEMPERATURE (Clock) | 150 |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
|                    |                     | 140 |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
|                    |                     | 130 |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
|                    |                     | 120 |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
|                    |                     | 110 |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
|                    |                     | 100 |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
|                    |                     | 90  |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
|                    |                     | 80  |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
|                    |                     | 70  |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
|                    |                     | 60  |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 50                 |                     |     |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| Respirations       |                     |     | 16   |   |    | 16   |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| Blood Pressure     |                     |     |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |

| MEDICATIONS      |       | DOSE   | METHOD         | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | PRICE |
|------------------|-------|--------|----------------|----|---|---|---|---|---|---|---|---|---|----|----|----|---|---|---|---|---|---|---|---|---|----|----|----|-------|
| Nasoparin        | 1 1/2 | 2-2-10 | in 10 min eyes |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   | X |   |   |   |   |    |    |    |       |
| Epith. Out       |       |        |                |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |       |
| Hydrocort        |       |        |                |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   | X |   |   |   |   | X  |    |    |       |
| Urethane         |       |        |                |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   | X |   |   |   |   | X  |    |    |       |
| NARCOTICS        |       |        |                |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |       |
| STAT MEDICATIONS |       |        |                |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |       |

SIGNATURE OF MEDICATION NURSE: 11-7:30 X 687 *[Signature]* 3-11:50 *[Signature]*  
 LAST NAME: 1- Sirhan, Sirhan 2025 RELEASE UNDER E.O. 14176 HOSPITAL NO: 1988 ATTENDING PHYSICIAN: R. Nelson

[illegible]

SIGNATURE

OF MEDICATION NURSE

11 - 7:30 X

B. Main Ry

7 235

277

ROOM TWO

3-11:30

100

9. AIRSILING PHYSICIAN



**CORONA COMMUNITY HOSPITAL**  
CORONA, CALIFORNIA

Do not write above this line or on back of page.

| Date    | Hour             | Description of Patient's Condition. Do not chart routine TPR, routine care, or Rx on this form.                                                                                                       | Nurse's Signature |
|---------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 9/25/66 | 12 <sup>30</sup> | Twenty-two year old male admitted weight 5'4",<br>weight 110 lbs, BP $\frac{116}{64}$ T-98°; P-68-R-16.                                                                                               |                   |
|         | 2 <sup>00</sup>  | BP-116 - P-68, R-16. Appears to be sleeping.<br>Ore pack to L. Eye. Dr. Nelson                                                                                                                        | H. Duggan, RN     |
| 4-25    | 6 <sup>00</sup>  | Continues to be very drowsy. Ch. back pain.<br>Face washed & pinched. Eye patch<br>replaced. Ore pack to eye.                                                                                         |                   |
|         | 8 <sup>00</sup>  | Appts. bathroom. Voided.                                                                                                                                                                              |                   |
|         | 8 <sup>00</sup>  | Eye patch changed. Moderate amount of<br>bleeding.                                                                                                                                                    | G. R. Hester, RN  |
|         |                  | 9-26-66                                                                                                                                                                                               |                   |
| 11-7    |                  | Used "Goni" placed on left eye for<br>pressure. Nausea. Sleeps. Complains<br>re. Complaint.                                                                                                           | H. Duggan, RN     |
| 7-3     |                  | Full lig. diet - All well -<br>Neuro-parin Diet. in both eyes and eye<br>patch replaced on left eye x 2 -<br>Dr. Nelson in - A.M. Care.<br>Discharged per physician's order<br>in improved condition. | J. W. Mottley, RN |

NURSES' NOTES

Name

Sirhan, Sirhan

688a

Hosp. No.

7998

## FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

ARLENE CANCEL, Secretary to Doctor MILTON A. MILLER, Optometrist, 824 South Main, Corona, advised that she recalled SIRHAN SIRHAN come into this office for treatment. She recalled very little about him except he was a very nervous and impatient type of patient.

---

689

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On 6/5/68 at Corona, California File # Los Angeles 56-156

SA LANFORD L. BLANTON/mdm Date dictated 6/7/68

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## FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

MILTON A. MILLER, Medical Doctor, Optometrist, 824 South Main, Corona, California, advised that SIRHAN SIRHAN had been first seen at his office on November 8, 1966, for an eye injury and gave the history of being thrown from a horse while working as an exercise boy.

SIRHAN gave the history of being thrown from a horse while working at one of the local farms. He was referred to Doctor MILLER by a General Practitioner, Doctor RICHARD A. NELSON. He examined the eye of SIRHAN and noted in his records that SIRHAN seemed to exaggerate his injuries, that 20-20 vision was found in both eyes and that there was a small view of vision in the left eye that might have been restricted in a slight way. He saw him again on November 14, 1966, November 22, 1966, and December 20, 1966. Doctor MILLER noted in his records on December 20, 1966, that he believes that SIRHAN was a malingerer. When he last saw SIRHAN on December 20, 1966, SIRHAN told him he was no longer employed in this area and was living in Pasadena. Doctor MILLER referred him to a Doctor KOEHN in Pasadena and stated that he was glad that he was no longer in this area. He said he told SIRHAN that he could not write a letter to his insurance company, stating that his injury was not of a nature wherein he should collect compensation. He advised that SIRHAN appeared very angry and nervous, but that he had no discussions with him and recalled no conversations in the office with SIRHAN. He does recall that after he had seen him on the last occasion, December 20, 1966, at approximately two hours later, he received a telephone call from SIRHAN. SIRHAN told him something to the effect that if he did not do what he wanted him to, he would "get him". SIRHAN did not say how he would get him and did not give Doctor MILLER time to answer him but hung up the telephone. Doctor MILLER said he did not make a report of this to the police department as he merely passed it off as an angry young man and besides, he noted that SIRHAN did not say how he would get him.

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On 6/5/68 at Corona, California File # Los Angeles 56 -156

SA IANFORD L. BLANTON/mdm Date dictated 6/7/68

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1

## FEDERAL BUREAU OF INVESTIGATION

6/7/68

Date \_\_\_\_\_

E. GORDON KIEHN, M.D., Eye Physician and Surgeon, Suite 203, 48 North El Molino Avenue, Pasadena, was interviewed concerning his knowledge of SIRHAN SIRHAN. KIEHN was advised of the identity of the interviewing agent and he stated that he had treated SIRHAN for a work related eye injury sustained on or about September 24, 1966.

SIRHAN SIRHAN, 696 East Howard Street, Pasadena, California, telephone No. SY 8-2136, [REDACTED] [REDACTED] [REDACTED] came to his office on February 21, 1967, having been referred by Dr. MILTON A. MILLER of Ontario, California. SIRHAN exercised horses at the Granja Vista Del Rio Ranch (Altfillisch Construction Company), 13200 Citrus, Corona, California, and on or about September 24, 1966, he was thrown from his horse and suffered injuries around the left eye. SIRHAN thought he was unconscious for a brief time and he was treated at the Corona Community Hospital by a Dr. RICHARD A. NELSON and the wounds around the eye and chin were sutured. Four days later the sutures were removed.

SIRHAN reportedly suffered a brief injury again a few days after the initial injury and the wound edge separated a little bit. SIRHAN was unaware of any eye problems until he began exercising the horses again at which time he had to move his head from left to right in order to see well on either side. This was especially noticeable in the left eye.

Because of his eye complaints, he was referred to Dr. NELSON of Corona, California, and following this to Dr. MILTON A. MILLER of Ontario, California.

SIRHAN complained of twitching of the left eyelid when he looks to the left, wrinkles his forehead or makes facial movements. He has had no subsequent unconscious attacks, no dizziness, or other complaints except that of a persistent pain in the superior nasal aspect of the left orbit.

- 691 -

On 6/5/68 at Pasadena, California File # Los Angeles 56-156  
by WA WILLIAM G. ATHERTON/sdb/HMS Date dictated 6/7/68

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<sup>2</sup>  
LA 56-156

Dr. KIEHN stated that he found SIRHAN's vision to be 20-20 in either eye uncorrected and he had no significant injuries to the eye. X-rays were negative.

He stated that he regarded the injury as having functional overlay as the injury was not as serious as SIRHAN believed.

He described SIRHAN as fairly neat and clean in appearance and the aesthetic type with frail features.

He said that SIRHAN at times was very affable and pleasant but he could also be very disturbed at times. He stated that he saw SIRHAN twice a month after February 1967 through April and then SIRHAN did not show up for about six months. He stated that in the meantime SIRHAN had seen Dr. FORREST L. JOHNSON and Dr. ALBERT TASHMA.

He stated that from October through December he saw SIRHAN about once a week to put drops in his eye which seemed to alleviate the pain.

He stated that SIRHAN never discussed politics with him and he knew little of his background.

Dr. KIEHN advised that as a result of his contact with SIRHAN he did not consider him a stable person and believes that he could be influenced by others.

He stated that Dr. MILLER told him that SIRHAN had made some type of threat over an insurance report for the eye injury. He stated that he believes SIRHAN mentioned that he "would take care of him" (Dr. MILLER) if he did not write a favorable report.

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

MAURICE W. NUGENT, Ophthalmologist, 726 Malcolm Avenue, Los Angeles, California, after being advised of the identity of the interviewing agent, was interviewed at his residence concerning SIRHAN B. SIRHAN, 696 East Howard Street, Pasadena, California, an employee of Granja Vista Del Rio Ranch, 1300 Citrus, Corona, California. The employer's insurance carrier is Argonaut Insurance Company, 443 Shatto Place, Los Angeles, California.

Dr. NUGENT advised that SIRHAN was referred to him by ANNE P. TOOMER, Attorney, 16 North Marengo Avenue, Pasadena, California, for examination relative to an industrial injury sustained on about September 24, 1966.

Dr. NUGENT examined SIRHAN on October 10, 1967. SIRHAN advised that he had been thrown from a horse on or about September 24, 1966 at Corona, California, and he believed that he was thrown into a fence. He stated that he was unconscious for a short time and regained consciousness in the Corona Community Hospital while his facial lacerations were being ~~sutured~~ sutured. He stayed in the hospital overnight and was released and about one week later he returned to the hospital for the removal of the sutures.

He returned to work at the Granja Vista Del Rio Ranch about two weeks later and then noted poor movement in his left eye with a feeling of tension and pain.

Dr. NUGENT'S examination reflected that SIRHAN's vision was 20-15, or better than normal in each eye without correction.

In the area towards the nose, the left upper eye lid showed a very small scar remnant which had healed exceptionally well.

---

693

6/5/68

Los Angeles, California

File # Los Angeles 56-156

SA WILLIAM G. ATHERTON/sdb

6/7/68

by \_\_\_\_\_ Date dictated \_\_\_\_\_

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2  
LA 56-156

Dr. NUGENT concluded that SIRHAN had a most excellent pair of eyes and . most excellent surgical results of a repair of his laceration in the nasal end of the left upper eye lid and there was no indication whatsoever of further treatment or complications or resultant disabilities. The eye examination showed no defect of the interior eyes nor any localization of any central nervous system defect.

Dr. NUGENT advised that SIRHAN impressed him as a very pleasant and cooperative young man.

He stated that SIRHAN did not discuss his political beliefs and he had no additional knowledge of SIRHAN's background.

Dr. NUGENT advised that he believes that SIRHAN had obtained the services of Attorney TOOMER to assist him in a workmen's compensation case as a result of the eye injury sustained while employed at the ranch.

He stated that SIRHAN impressed him as being unusually cooperative and pleasant in spite of the fact that his examination had reflected no physical defects.

## FEDERAL BUREAU OF INVESTIGATION

6/7/68

Date \_\_\_\_\_

1

On June 5, 1968, FRANK STASIK, Miller and Ames Insurance Company, 3600 West Wilshire Boulevard, Los Angeles, California, advised that SIRHAN SIRHAN, address care of Route No. 1, Box 159 B, Corona, California, was employed as a horse exercise boy for BERT ALTFILLISCH, 13200 Citrus Avenue, Norco, California. On September 25, 1966, he fell from a horse, was injured, and submitted a medical insurance claim under policy No. 20-210-056370, claim No. 02 X 203445. Mr. STASIK advised that SIRHAN was apparently not seriously injured and he was treated by Dr. RICHARD A. NELSON, Hamner Street, Norco, California. STASIK further advised that more details could be obtained through the Argonaut Insurance Company, 443 Shatto Place, Los Angeles, as the Argonaut Insurance Company had the policy on SIRHAN.

695

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6/5/68      Los Angeles, California      Los Angeles 56-156  
On \_\_\_\_\_ at \_\_\_\_\_ File # \_\_\_\_\_  
by SA FREDERICK E. BECKER/jae      6/7/68  
Date dictated \_\_\_\_\_

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.



## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

Mr. MEL VINYARD, Vice President, Argonaut Insurance Company, 443 Shatto Place, made available his insurance company's file pertaining to SIRHAN SIRHAN, a xerox copy of which is attached.

696

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On 6/5/68 at Los Angeles, California File # LA 56-156

by SA FREDERICK E. BECKER/kaf Date dictated 6/8/68

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.

ASYRPHIC OR  
REFERENCE CLAIMS

DATE

| CLOSING RECORD |         |           |        |
|----------------|---------|-----------|--------|
| INDEMNITY      | MEDICAL | ALLOCATED | TOTAL  |
| 0              | 12340   | 0         | 12340  |
| 0              | 23460   | 0         | 23460  |
| 0              | 26210   | 0         | 26210  |
| 2100           | 79085   | 31340     | 313425 |

MAILING  
INSTRUCTIONS  
COMP. CHECKS

| WAGE                         |      | INDEMNITY                              |           | COMP. RATE |                |
|------------------------------|------|----------------------------------------|-----------|------------|----------------|
| AWARD                        |      | WEEKLY WAGE ADVISE<br>TO ACCOUNTING BY |           | DATE       |                |
| WEEKS<br>ACT. PD.<br>TO DATE | DATE | APPR.                                  | CHECK NO. | PERIOD     | AMOUNT         |
|                              |      |                                        |           |            | TOTAL          |
|                              |      |                                        |           |            | 262013 27-1968 |
|                              |      |                                        |           |            | 1705-1705      |
|                              |      |                                        |           |            | 262014 28-1968 |
|                              |      |                                        |           |            | 50-1705        |
|                              |      |                                        |           |            | 262015 29-1968 |
|                              |      |                                        |           |            | 45-1700        |
|                              |      |                                        |           |            | 262017 30-1968 |
|                              |      |                                        |           |            | 200-2000       |
|                              |      |                                        |           |            | CLOSED         |

BY LETTER REQUESTS MAILED

| REQUESTS | 1 | 2 | 3 |
|----------|---|---|---|
| 1        |   |   |   |
| 2        |   |   |   |
| 3        |   |   |   |

BY REPORT

BY REPORT

BY REPORT

| ALLOCATED EXPENSE |           |                 |        |       |
|-------------------|-----------|-----------------|--------|-------|
| DATE              | CHECK NO. | PAYEE           | AMOUNT | TOTAL |
| 2-13-68           | 233969    | Bank of America | 17040  | 17040 |
| 2-13-68           | 263720    | Bank of America | 1731   | 1731  |

POLICY NUMBER

CO. INCURRED DATE LINE ST. DAY MONTH YEAR

52-27-66 000 03 20 210 055370 02 1 1968

ADAMILLER CONSTRUCTION CO. INC.

Box 1501 Re. 61, Corona, California

Miller & Assoc of Calif.

2625 W. 6th St.

Los Angeles, Calif.

CO-25-66 02-01-66-67

SHIRAZ, SHIRAZ

c/o RE. 1 BOX 1501 696 12 Howard

Corona, California

100 W. 6th St

North, Calif.

Richard A. Miller

Hammer St., Corona, Calif.

| INDEMNITY | MEDICAL | ALLOC. | TOTAL  |
|-----------|---------|--------|--------|
| 220000    | 250     | 250    | 220000 |

|        |        |       |       |
|--------|--------|-------|-------|
| 8-1-67 | 220000 | 75000 | 35000 |
|        | 00     | 00    | 00    |
|        | 00     | 00    | 00    |
|        | 00     | 00    | 00    |
|        | 00     | 00    | 00    |
|        | 00     | 00    | 00    |
|        | 00     | 00    | 00    |
|        | 00     | 00    | 00    |
|        | 00     | 00    | 00    |
|        | 00     | 00    | 00    |
|        | 00     | 00    | 00    |
|        | 00     | 00    | 00    |

| DATE OF<br>ISSUE | PAYEE NAME      | CHECK OR<br>REFERENCE NO. | AMOUNT |
|------------------|-----------------|---------------------------|--------|
| 1-4-68           | Bank of America | 47496                     | 17040  |
| 1-4-68           | Bank of America | 47497                     | 1731   |
| 1-31-68          | Bank of America | 47500                     | 17560  |



| POLICY NUMBER                                                                      |               |         |     |        |       | CLAIM NUMBER          |           |                       |        |            |
|------------------------------------------------------------------------------------|---------------|---------|-----|--------|-------|-----------------------|-----------|-----------------------|--------|------------|
| CO.                                                                                | INCURRED DATE | LTR     | ST. | DEV.   | NO/YR | SERIAL                | DEV.      | LTR                   | SERIAL | CLASS.     |
| 1                                                                                  | 10-07-66      | 000     | C4  | 20     | 210   | 056370                | 02        | X                     | 203465 | 0037       |
| <b>ALTFILLISCH CONSTRUCTION CO., INC.</b><br>Box 159B Rt. 1, Corona, Calif.        |               |         |     |        |       |                       |           |                       |        | EXP. ADJ.  |
| <b>Miller &amp; Ares of Calif.</b><br>3625 W. 6th St.<br>Los Angeles, Calif.       |               |         |     |        |       | ACC. DATE             | TYPE      | EXT.                  | NCI    | PROG. CODE |
|                                                                                    |               |         |     |        |       | 09-25-66              | 0         | 3                     | 0      | 5715       |
|                                                                                    |               |         |     |        |       | 01-01-66-67           | POL. TERM |                       |        |            |
| <b>SIRHAN, SIRHAN</b><br>c/o Rt. 1 Box 159B<br>Corona, California                  |               |         |     |        |       | CLAIMANT NAME ADDRESS |           | PART CAUSE            |        |            |
| lac. up chin bk<br>Norco, Calif.<br>Richard A. Nelson<br>Harner St., Norco, Calif. |               |         |     |        |       | NATURE                |           | thrown off horse      |        |            |
|                                                                                    |               |         |     |        |       | CAUSE                 |           | LOCATION              |        |            |
|                                                                                    |               |         |     |        |       | DOCTOR                |           | ADDRESS               |        |            |
| INDemnITY                                                                          |               | MEDICAL |     | ALLOC. |       | TOTAL                 |           | COMPENSATION RECEIVED |        |            |
| 2200                                                                               |               | 250     |     | 250    |       | 2700                  |           | 00                    |        |            |

## CLAIM CLOSING ADVICE

### TO TABULATING DEPARTMENT

|           | OLD RESERVE | NEW RESERVE |
|-----------|-------------|-------------|
| Indemnity | \$ 2200     | \$ 2000.00  |
| Medical   | 750         | 790.85      |
| Allocated | 350         | 343.40      |
| Total     | \$ 3300     | \$ 3,134.25 |
| Date      | 4-12-68     | Division    |

CLM-340

2025 RELEASE UNDER E.O. 14176



MCLAUGHLIN, EVANS, DALBEY & CUMMING  
ATTORNEYS AT LAW  
1717 NORTH HIGHLAND AVENUE, SUITE 710  
LOS ANGELES, CALIFORNIA 90028

JOHN F. MCLAUGHLIN  
BARRY F. EVANS  
WM. BLAIR DALBEY  
RAY B. CUMMING

HAROLD J. BENNETT  
NED L. GAYLORD  
JOHN F. BARTOS  
GEORGE R. HASWELL  
ALLAN R. SCHUMMER  
ROBERT H. GILLHAM

AREA CODE 213  
TELEPHONE  
466-6541

April 1, 1968

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California

Re: Your Claim No. 02X-203445  
Sirhan Sirhan vs. Altfillisch Construction Company,  
Inc.

SERVICES RENDERED:

Review of the file; preparation and  
filing of Answer to the Application;  
conference with the sub rosa investigator  
and review of pictures; trial and  
appearance before the Workmen's Compensation  
Appeals Board at Los Angeles on February 7,  
1968; settlement negotiations; preparation  
and filing and serving of a Compromise and  
Release Agreement; closing report.

\$170.00

COSTS:

Photostats

3.00

CHK. NO.

AMOUNT

APR 15 1968

263280

\$ 173.00

TOTAL:

\$173.00

OK to pay &

close

4/17/68

McLAUGHLIN, EVANS, DALBEY & CUMMING  
ATTORNEYS AT LAW  
1717 NORTH HIGHLAND AVENUE, SUITE 710  
LOS ANGELES, CALIFORNIA 90028

JOHN F. McLAUGHLIN  
BARRY F. EVANS  
WM. BLAIR DALBEY  
RAY B. CUMMING  
HAROLD J. BENNETT  
NED L. GAYLORD  
JOHN F. BARTOS  
GEORGE R. HASWELL  
ALLAN R. SCHUMMER  
ROBERT H. GILLHAM

AREA CODE 213  
TELEPHONE  
466-8541

April 1, 1968

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California

Attention: J. D. Stiner, Claims Examiner

Re: Your Claim No. 02X-203445  
Sirhan Sirhan vs. Altfillisch Construction Company,  
Inc.

Dear Sirs:

The Referee has approved the Compromise and Release Agreement in the above-entitled matter and has ordered distribution at \$1,705.00 to the applicant, \$200.00 to his attorneys, \$50.00 to Dr. Maurice W. Nugent and \$45.00 to Leonard J. Yamshon, M.D.

The Order of the Referee should be complied with by your company.

We are at this point closing our file and submitting our statement for services rendered.

Very truly yours,

McLAUGHLIN, EVANS, DALBEY & CUMMING

*John F. McLaughlin*

By: John F. McLaughlin

JFM:cjz  
Enclosure

4/17/8  
E

# COMPUTATION OF AWARD

|                               |   |                          |                          |                           |                   |
|-------------------------------|---|--------------------------|--------------------------|---------------------------|-------------------|
| CLAIMANT <i>Li Han Li Han</i> |   | DATE INJ. <i>9-25-66</i> |                          | CLAIM NO. <i>7205-445</i> |                   |
| TYPE OF AWARD                 | A | TEMP. TOTAL DIS.         | NO. WEEKS AWARDED        |                           | \$                |
| TEMP.                         | B | TEMP. PARTIAL            | NO. WEEKS AWARDED        |                           | \$                |
| P.D.                          | C | PERM. DISABILITY         | %                        | WEEKS AWARDED             | \$                |
| DEATH                         | D | DEATH BENEFIT            | \$                       | BURIAL \$                 | \$                |
| SETTLE.                       | E | SETTLEMENT               | <i>Sett of 3-27-1967</i> |                           | \$ <i>2,000.-</i> |
| CONTIN.                       | F | MEDICAL                  |                          |                           | \$                |
|                               | G | LEGAL                    |                          |                           | \$                |
|                               | H | GROSS LIABILITY          |                          |                           | \$ <i>2,000.-</i> |

|                              |             |      |    |    |
|------------------------------|-------------|------|----|----|
| DUE CLAIMANT TO DATE PER IAC |             |      |    | \$ |
| TEMP. DIS.                   | WEEKLY RATE | FROM | TO | \$ |
| TEMP. PARTIAL                | WEEKLY RATE | FROM | TO | \$ |
| PERM. DIS.                   | WEEKLY RATE | FROM | TO | \$ |
| DEATH BENEFIT                | WEEKLY RATE | FROM | TO | \$ |

|                         |                                                                                            |                   |
|-------------------------|--------------------------------------------------------------------------------------------|-------------------|
| SETTLEMENT              | <i>Sett</i>                                                                                | \$ <i>2,000.-</i> |
| ATTORNEY NAME & ADDRESS | <i>Palmer &amp; Toomer</i><br><i>167 North Waverly Ave.</i><br><i>Pasadena, California</i> |                   |
| GROSS DUE NOW           | \$                                                                                         |                   |
| LESS PREV. PAID         | \$                                                                                         |                   |
| SUB-TOTAL               | \$                                                                                         |                   |
| LESS ADVANCES           | \$                                                                                         |                   |
| SUB-TOTAL               | \$                                                                                         |                   |

|                                               |                   |                 |
|-----------------------------------------------|-------------------|-----------------|
| CHECK # <i>262017</i>                         | LESS ATTORNEY FEE | \$ <i>200.-</i> |
| PAYEE & ADDRESS <i>Maureen W. Trugent, MD</i> | SUB-TOTAL         | \$              |
| <i>1127 Wilshire Blvd</i>                     | LESS U.C.D.       | \$ <i>50.-</i>  |
| <i>LA California</i>                          | SUB-TOTAL         | \$              |
| CHECK # <i>262018</i>                         | LESS              | \$ <i>45.-</i>  |
| PAYEE & ADDRESS <i>Leonard Gamston, MD</i>    | SUB-TOTAL         | \$              |
| <i>224 N. Serrano LA</i>                      | LESS              | \$              |
| CHECK #                                       | SUB-TOTAL         | \$              |
| PAYEE & ADDRESS                               | LESS              | \$              |

|                       |                 |                                          |      |                       |                   |
|-----------------------|-----------------|------------------------------------------|------|-----------------------|-------------------|
| SELF-PROCURED MEDICAL | PAY AS          | COMP.                                    | MED. | BALANCE DUE CLAIMANT  | \$ <i>1,725.-</i> |
| CHECK #               |                 |                                          |      | CHECK # <i>262013</i> |                   |
| CLERK & DATE          | EXAMINER & DATE | <i>4/5/8</i><br>RELEASE UNDER E.O. 14176 |      |                       |                   |

203445

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF INDUSTRIAL ACCIDENTS  
**WORKMEN'S COMPENSATION APPEALS BOARD**  
STATE OF CALIFORNIA

SIRHAN B. SIRHAN,

*Applicant*

vs.

ALTFILLISCH CONSTRUCTION  
COMPANY, a corporation;  
ARCONAUT INSURANCE COMPANY,  
a corporation,

*Defendants*

CASE No. 67 LA 312-144

**Order Approving  
Compromise and Release**

The parties to the above-entitled action have filed a Compromise and Release herein, on March 15, 1958 settling this case for \$ 2,000.00 in addition to all sums which may have been paid previously, and requesting that it be approved; and this Board having considered the entire record, including said Compromise and Release, now finds that it should be approved; and,

IT IS ORDERED that said Compromise and Release is approved.

Award is made in favor of: SIRHAN B. SIRHAN

Against: ARCONAUT INSURANCE CO., a corporation, of \$2,000.00,

Payable as follows: \$1,705.00 to applicant

200.00 to Palmer & Toomer, attorneys

50.00 to Maurice W. Nugent, M.D.

45.00 to Leonard J. Yazahon, M.D.

DATED AT LOS ANGELES, CALIFORNIA

March 27, 1958

(9 2 A 1)

ERNEST A. LACKMANN

Relator, WORKMEN'S COMPENSATION APPEALS BOARD

SERVED BY MAIL ON PERSONS SHOWN  
ON THE OFFICIAL ADDRESS RECORD

Date: 3-27-58 By: E. [signature]



**McLAUGHLIN, EVANS, DALBEY & CUMMING**  
ATTORNEYS AT LAW  
1717 NORTH HIGHLAND AVENUE, SUITE 710  
LOS ANGELES, CALIFORNIA 90028  
(213) 466-8541

March 13, 1968

JOHN F. McLAUGHLIN  
BARRY F. EVANS  
WM. BLAIR DALBEY  
RAY B. CUMMING  
HAROLD J. DENNETT  
NED L. GAYLORD  
JOHN F. BARTOS  
GEORGE R. HASWELL  
ALLAN R. SCHUMMER  
ROBERT H. GILLHAM

Workmen's Compensation Appeals Board  
107 South Broadway  
Los Angeles, California

Re: SIRHAN SIRHAN vs. ALTEFILLICH CONSTRUCTION COMPANY  
WCAB File No. 67 LA 312 144  
Hearing Date:

Gentlemen:

Your attention is respectfully invited to the following:

- (XX) Attached please find duly-executed Compromise & Release for your approval.
- ( ) Request is hereby made for further hearing to permit cross-examination of  
and presentation of rebuttal evidence.
- ( ) Please enter our appearance as attorneys for
- ( ) Please set case for trial as there are now issues in contest.
- ( ) Attached for filing herein are:

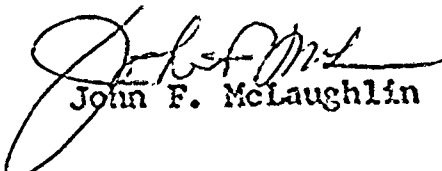
Copies to:  
Palmer & Toomer  
16 No. Marengo Ave.  
Pasadena, California

Argonaut Insurance Company  
#02X-293445 L.A.

Very truly yours,

McLAUGHLIN, EVANS, DALBEY & CUMMING

By:

  
John F. McLaughlin

ss

704



7. Name and address of employee's attorney, if any ~~Palmer and Toomer, 16 North Marengo, Pasadena~~

8. Said attorney requests a fee of \$ 200.00. Amount of attorney fee previously paid, if any, \$ None

9. Reason for Compromise A dispute exists as to the residuals of the applicant's personal disabilities and the parties have had the advice of the informal rating of the Appeals Board and this is primarily predicated upon a compromise between the various ratings. All parties desire to avoid the hazards of litigation and the defendants desire to buy their peace.

10. The undersigned request that this Compromise Agreement and Release be approved.

11. Upon approval of this Compromise Agreement by the Workmen's Compensation Appeals Board or a Referee, and payment in accordance with the provisions hereof, said employee releases and forever discharges said employer and insurance carrier from all claims and causes of action, whether now known or ascertained, or which may hereafter arise or develop as a result of said injury, including any and all liability of said employer and said insurance carrier and each of them to the dependents, heirs, executors, representatives, administrators or assigns of said employee.

12. It is agreed by all parties hereto that the filing of this document is the filing of an application on behalf of the employee, and that the W.C.A.B. may in its discretion set the matter for hearing as a regular application, reserving to the parties the right to put in issue any of the facts admitted herein, and that if hearing is held with this document used as an application the defendants shall have available to them all defenses that were available as of the date of filing of this document, and that the W.C.A.B. may thereafter either approve said Compromise Agreement and Release or disapprove the same and issue Findings and Award after hearing has been held and the matter regularly submitted for decision.

13. For the purpose of determining the lien claim filed herein for the unemployment compensation disability benefits which have been paid under or pursuant to the California Unemployment Insurance Code, the parties propose the following division of the sum agreed upon for settlement and release of this case:

\$\_\_\_\_\_ for temporary disability covering the period \_\_\_\_\_ to \_\_\_\_\_  
 \$\_\_\_\_\_ for accrued medical expense paid or incurred by the employee.  
 \$\_\_\_\_\_ for future medical care,  
 \$\_\_\_\_\_ for permanent disability.

(The above segregation must be fair and reasonable and must be based on the real facts of the case. There should be no attempt made to deprive the lien claimant of a reasonable recovery consistent with all the amounts involved.)

WITNESS the signature hereof this 12 day of March, 19 68, at Pasadena, California

SIRHAN SIRHAN, Applicant  
By: [Signature]  
FARMER & TOOMER, Attys for Applicant

ALTFILLICE CONSTRUCTION COMPANY &  
AERONAUT INSURANCE COMPANY by  
McLAUGHLIN, EVANS, DALBEY & CUBBING  
BY: *[Signature]*  
John F. McLaughlin

WITNESSES

THE INJURED APPLICANT'S SIGNATURE MUST BE ATTESTED BY TWO  
DISINTERESTED PERSONS OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

STATE OF CALIFORNIA

County of Los Angeles.

On this 12th day of March A.D. 1968 before me, the undersigned  
a Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appeared

Sirhan B. Sirhan  
known to me to be the person whose name is  
subscribed to the within instrument, and acknowledged to me that he executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

AMERICAN

Notary Public in and for said County and State of N. Y.

706

MCLAUGHLIN, EVANS, DALBEY & CUMMING  
ATTORNEYS AT LAW  
1717 NORTH HIGHLAND AVENUE, SUITE 710  
LOS ANGELES, CALIFORNIA 90028

JOHN F. MCLAUGHLIN  
BARRY F. EVANS  
WM. BLAIR DALBEY  
RAY B. CUMMING  
HAROLD J. BENNETT  
NED L. GAYLORD  
JOHN F. BARTOS  
GEORGE R. HASWELL  
ALLAN R. SCHUMMER  
ROBERT H. GILLHAM

AREA CODE 213  
TELEPHONE  
466-8541

March 10, 1968

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California

ATTENTION: J. D. Stiner - Claims Examiner

RE: Claim Number: 02X-203445  
Sirhan Sirhan vs. Altfillich Construction Company, Inc.

Dear Sirs:

The above matter came on for further hearing before Referee Ernest Lachmann at Los Angeles on February 7th of 1968. The applicant was present and represented by his attorney.

The issues were:

- (1) Disability
- (2) Apportionment
- (3) Lien claim of the various doctors
- (4) Reimbursement under 4600 of the Labor Code
- (5) Need for further medical treatment

Settlement negotiations were undertaken at the suggestion of the Referee and an offer of settlement was made at the sum of \$2,500.00 which after consultation with your company, was rejected.

The matter was then taken at the Referee's suggestion to the Permanent Disability Rating Bureau where the Permanent Disability Rating Expert, Daniel Lucien rated the matter at 1% for the scar on the chin and the eyes on the report of your doctor, Dr. Albori, and upon Dr. Yamshon's report, the case rated 15% plus the 1% or a total of 16%.

After further settlement negotiations, it was finally agreed to settle the case for the sum of \$2,000.00. The applicant apparently is still being treated by Dr. Kiehn to whom your company sent him for an examination and who apparently continued to treat him. It was agreed that we would assume in addition to the \$2,000.00, the amount of the doctor's



Argonaut Insurance Company  
Page Two  
March 10, 1968  
ATTENTION: J. D. Stiner

RE: SIRHAN SIRHAN

bill. This was discussed with your Miss Jean Stiner and based upon the recommendation of this office and concurrence of your company, it was agreed to settle the case for \$2,000.00.

Very truly yours,

McLAUGHLIN, EVANS, DALBEY & CUMMING

  
By: John F. McLaughlin

JFM:ic

GORDON KIEHN, M.D.

EYE PHYSICIAN & SURGEON

48 NORTH EL MOLINO AVE., PASADENA, CALIFORNIA 91101

TEL. 449-6494

REG. NO. 8423

CALIFORNIA STATE LICENSE NO. O-A-14113

★ Argonaut Insurance Companies  
1001 Wilshire Blvd.  
Los Angeles, California

Re: Mr. Sirhan Sirhan

DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE - CANCELLED CHECK IS YOUR RECEIPT

| DATE     | R.V.S.* | SERVICE CODE | FEES    | CREDITS          | BALANCE |
|----------|---------|--------------|---------|------------------|---------|
|          |         |              |         | PREVIOUS BALANCE |         |
| 10-27-67 | 5400    |              | \$27.50 |                  |         |
| 10-27-67 | 0001    |              | 16.50   |                  |         |
| 11-10-67 | 9004    |              | 5.50    |                  |         |
| 11-17-67 | 9004    |              | 5.50    |                  |         |
| 11-24-67 | 9004    |              | 5.50    |                  |         |
| 12-4-67  | 9004    |              | 5.50    |                  |         |
| 12-11-67 | 9004    |              | 5.50    |                  |         |
| 12-18-67 | 9004    |              | 5.50    |                  |         |
| 1-2-68   | 9004    |              | 5.50    |                  |         |
| 1-16-68  | 9004    |              | 5.50    |                  |         |
| 1-23-68  | 9004    |              | 5.50    |                  |         |
| 11-3-67  | 9004    |              | 5.50    |                  |         |
|          |         |              |         | 55021            |         |
|          |         |              |         |                  | \$99.00 |

E. GORDON KIEHN, M.D.

48 NORTH EL MOLINO AVE., PASADENA, CALIFORNIA 91101

PAY LAST  
AMOUNT IN  
THIS COLUMN

EXPLANATION OF SERVICE CODE:

9000 Initial Office Visit  
9001 Initial Office, Diagnostic  
9004 Return Visit-Treatment  
9005 Office Visit, Special  
9010 Home Visit  
9014 Follow Up Home Visit  
9020 Initial Hospital Visit  
9024 Follow Up Hospital Visit  
9074 Office Visit, Night Holiday  
9029 Consultation  
9031 Consultation by Report  
5400 Eye Exam Refraction  
5402 Gonioscopy  
5406 Orthoptic Evaluation  
5408 Visual Fields  
5409 Tonography  
5410 Glaucoma Provocative,  
Mydriatic Study  
5412 Fitting Contact Lenses

SURGERY

5420 Goniotomy  
5421 Enucleation  
5431 Suture of Globe  
5443 Foreign Body Removal  
5445 Cornea under Slit Lamp  
5457 Pterygium  
5472 Keratoplasty Penetrating  
5481 Suture of Perf. Cornea  
5491 Sclerotomy IO Foreign Body  
5495 Posterior Sclerotomy  
5521 Repair Scleral Wound  
5541 Excision Iris Lesion  
5544 Iridectomy  
5561 Repair Prolapsd Iris  
5571 Iridencleisis  
5580 Cyclodialthermy  
5582 Cyclodialysis  
5611 Cataract Extraction

5630 Retina Reattachment  
5641 Muscle Surgery  
5691 I&D Lid Abcess  
5702 Chelazion  
5727 Stepharoptosis Repair  
5730 Cautery Puncture Entropion  
5731 Entropion Repair  
5732 Entropion Repair  
5743 Suture of Conjunctiva  
5753 Excision Conj. Lesion  
5775 Conj. Flap Operation  
5821 Conj. Nasolacrimal Duct  
5831 Plastic Repair of Canalicula  
5833 Dacryocystorhinostomy  
5846 Probing of Irrig. of Canaliculus  
6993 Assist of Surgery

\* RVS column for Insurance Purposes Only

# **DOCTOR'S FINAL (OR MONTHLY) REPORT AND BILL**

Itemized bills, IN DUPLICATE, are to be submitted at the termination of the case.

Monthly statements are POSITIVELY required on cases under treatment.

Mail to Argonaut Insurance Companies Address 1001 Wilshire Blvd. L.A.

Services beginning late in month and extending into succeeding month may be itemized on one statement.

EMPLOYER Altfillisch Const. Company

EMPLOYEE Mr. Sirhan Sirhan

DATE OF INJURY 9-24-66

SERVICES FOR MONTH OF 10, 11, 12-67  
1-68.

19

Patient refused treatment \_\_\_\_\_, 19

Patient stopped treatment  
without orders \_\_\_\_\_, 19

Patient entered hospital \_\_\_\_\_, 19

Patient able to return to work \_\_\_\_\_, 19

Patient discharged as cured \_\_\_\_\_, 19

Condition at time of last visit See attached report.

Any other charges authorized such as Drugs? \_\_\_\_\_ Hospital? \_\_\_\_\_  
(Check) (Check)

Code: O—Office; V—Home Visit; H—Hospital Visit; N—Night Visit; S—Operation; X—X-Ray.

| Month   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Oct. 67 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Nov. 67 |   |   | 0 |   |   |   |   |   |   | 0  |    |    |    |    |    |    | 0  |    |    |    |    |    |    | 0  |    |    | 0  |    |    |    |    |
| Dec.    |   |   |   | 0 |   |   |   |   |   |    | 0  |    |    |    |    |    |    | 0  |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Jan. 68 | 0 |   |   |   |   |   |   |   |   |    |    |    |    |    |    | 0  |    | 0  |    |    |    |    |    |    |    |    |    |    |    |    |    |

Totals

First aid treatment (describe) \_\_\_\_\_ \$

Office Visits Please see attached billing. \_\_\_\_\_ \$

Home Visits \_\_\_\_\_ \$

Hospital Visits \_\_\_\_\_ \$

Operations \_\_\_\_\_ \$

MATERIAL (itemized at cost) \_\_\_\_\_ \$

TOTAL \$ \$99.00

Any charges shown above which are in excess of the minimum fee must be explained below regarding nature of such services, indicating the date rendered.

Make check payable to:

Doctor E. Gordon Kiehn, M.D.

Address 48 N. El Molino Ave., Suite 203  
Pasadena, California 91101

Signature \_\_\_\_\_

Date 2-15-68

710

E. Gordon Kiehn, M.D.

SUITE 203

48 NORTH EL MOLINO AVENUE  
PASADENA, CALIFORNIA 91101

TELEPHONE 449-6494.

February 15, 1968

Argonaut Insurance Companies  
1001 Wilshire Blvd.  
Los Angeles, California

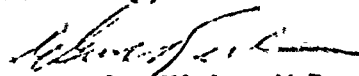
Re: Mr. Sirhan Sirhan

Gentlemen:

Thank you for the reports of Dr. Tashma and others regarding this interesting patient. I must admit that I will have to agree with Dr. Tashma regarding the functional overlay in this particular patient. However in re-checking him and seeing what his situation was I found that he had a loss of accomodative power in the left eye of approximately two to three diopters. I felt that possibly some of the pain in the left eye was due to a spasm of accomodation and in order to test this out I placed him on drops of Hyocine 1%. When it was found that this indeed helped his pain I placed him on this, putting a drop in at weekly intervals and then stopping the drop and seeing how he got along. His pain was relieved a great deal but recently he has again started having a little bit of it so he was placed on another drop of Hyocine. I think that the time interval between drops is gradually decreasing and it should not be long before he would be completely off of that medication. The small tight band toward the inner part of the eyelid in the epicanthal fold is a problem apparently which bothers him but which I have been unable to really adequately evaluate. It is difficult to separate that which is functional and that which is real in this patient. I would suggest that in order to be absolutely sure it might be well for him to see an ophthalmic plastic surgeon, someone like Dr. Hartman in Los Angeles.

I trust this will give you an interim report on this patient, and I am hoping that soon he will be able to get back to work.

Sincerely,

  
E. Gordon Kiehn, M.D.

EGK:ra  
Encl

711



TO E. Gordon Linder, M.D. AT \_\_\_\_\_

SUBJECT Burke Sirken DATE 2-23-68

2V-203445

This will confirm my telephone conversation with your secretary on 2/8/68. A hearing was held and the case settled. He will now be responsible for my care after that date.

ARGONAUT INSURANCE

PLEASE REPLY TO ☒

SIGNED

*J. L. Stiner*

Use Reverse Side for Your Reply **712**

AT \_\_\_\_\_

# EARL H. LAFFOON

## INVESTIGATIONS

1833 WEST 8TH STREET - SUITE 210

LOS ANGELES, CALIFORNIA 90057

HUBBARD 3-6943

INVOICE #: 208-4503

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California

DATE: February 2, 1968

DATE WORKED 1/26, 25/68

CASE:

RE: SIRHAN B. SIRHAN vs  
Altfillish Construction Co  
2X 203445  
L-3191

CLAIM NO:

|                                                  |    |      |              |          |
|--------------------------------------------------|----|------|--------------|----------|
| 11½ HOURS-DAY OF SURVEILLANCE                    | AT | \$8  | PER DAY-HOUR | \$ 92.00 |
| HOURS-DAY OF INVESTIGATION                       | AT |      | PER DAY-HOUR | \$       |
| MAG. ROLLS OF 16MM EASTMAN DAY FILM              | AT |      | A ROLL       | \$       |
| 1 MAG. ROLLS OF 16MM KODACHROME FILM             | AT | \$10 | A ROLL       | \$ 10.00 |
| COURT OR W.C.A.B. HEARING                        |    |      |              | \$       |
| OTHER 1½ minimum car expense @ \$9/day<br>(days) |    |      |              | \$ 13.50 |
| office expense                                   |    |      |              | \$ 6.00  |

### EXPENSES:

HOTEL \_\_\_\_\_

TELEPHONE \$ .90

MEALS \_\_\_\_\_

FAXING FEES \_\_\_\_\_

*Total*

*\$170.40*

FEB 13 1968

CHIL. NO.

AMOUNT

238969

\$170.40

718

TOTAL.....

\$ 122.40

41.00

40.00

*Allocated Exp  
by Sirhan  
VE  
2/12/68*

EARL H. LAFFOON

INVESTIGATIONS  
1833 WEST 8TH STREET - SUITE 210  
LOS ANGELES, CALIFORNIA 90057  
HUBBARD 3-6943

INVOICE #: 208-4538

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California

DATE: February 7, 1968

DATE WORKED 2/7/68

CASE: SIRHAN B. SIRHAN vs.  
Altfillish Const. Co.  
CLAIM NO: 2X 203445  
L-3191

|                                     |    |              |          |
|-------------------------------------|----|--------------|----------|
| HOURS-DAY OF SURVEILLANCE           | AT | PER DAY-HOUR | \$       |
| HOURS-DAY OF INVESTIGATION          | AT | PER DAY-HOUR | \$       |
| MAG. ROLLS OF 16MM EASTMAN 83W FILM | AT | A ROLL       | \$       |
| MAG. ROLLS OF 16MM KODACHROME FILM  | AT | A ROLL       | \$       |
| COURT OR W.C.A.B. HEARING           |    |              | \$ 45.00 |
| OTHER office expense                |    |              | \$ 1.50  |

\_\_\_\_\_ MILES AT \_\_\_\_\_ CENTS PER MILE

EXPENSES:

HOTEL \_\_\_\_\_

TELEPHONE \_\_\_\_\_

MEALS \_\_\_\_\_

PARKING FEES 1.50

1.50

714

TOTAL.....

\$ 48.00

RUSH

ZONE NO. A

CLAIM NO. 28 203445

ASSURED W. J. Allen

RESERVE \_\_\_\_\_

CLAIMANT W. J. Allen

EXAMINER W. J. Allen

DELIVER TO \_\_\_\_\_

DATE & TIME REQ. 2-7-68

IF NOT FOUND BY \_\_\_\_\_  
NOTIFY REQUESTING EXAMINER.

NOTES:

Leaving for the Eastern  
to Rich

Settle \$2000

715



RUSH

ZONE NO. A

CLAIM NO. 2X-203445

ASSURED Altfillick 7

RESERVE \_\_\_\_\_

CLAIMANT Sirhan Sirhan

EXAMINER Jane Stiner

DELIVER TO "

DATE & TIME REQ. 2-7-68

IF NOT FOUND BY \_\_\_\_\_

NOTIFY REQUESTING EXAMINER.

NOTES:

Hearings John McLaughlin  
Dr. Kiehn

2/7/68 - Spoke to Dr. Kiehn's office today  
he great - he has continued from  
10/17/67 to see & treat this child at least  
once a week. I don't know what  
our responsibility is re made app.  
to Dr. Kiehn - our own was in file  
plus applicants. D.H.

716

# ARGONAUT INSURANCE

|                                                                                                                                                                                                                                                                                                     |                        |               |               |             |                 |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|---------------|-------------|-----------------|--------------|
| TO                                                                                                                                                                                                                                                                                                  | <u>Stiner</u>          | FROM          | <u>Payson</u> | DATE        | <u>2/7</u>      | 19 <u>67</u> |
| INJURED                                                                                                                                                                                                                                                                                             | <u>Sirkas</u>          | <u>Sirkas</u> | POLICY #      |             |                 |              |
| INSURED                                                                                                                                                                                                                                                                                             |                        |               |               | POLICY TERM |                 |              |
| CONVERSATION WITH                                                                                                                                                                                                                                                                                   | <u>John McLaughlin</u> |               |               | CLAIM #     | <u>X 203445</u> |              |
| <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>\$ 85<sup>00</sup> - Med Legal</p> <p>Dr. Kiehn</p> </div> <div style="text-align: center;"> <p>\$ 2500<sup>00</sup> -</p> </div> <div style="text-align: center;"> <p>no dry -</p> </div> </div> |                        |               |               |             |                 |              |

# ARGONAUT INSURANCE

|                        |              |                        |                 |                 |
|------------------------|--------------|------------------------|-----------------|-----------------|
| INJURED                |              | FROM <i>Jean B</i>     | DATE <i>2-7</i> | 19 <i>68</i>    |
| INSURED                |              | <i>Richard Richard</i> | POLICY #        |                 |
| CONVERSATION WITH      |              |                        | POLICY TERM     |                 |
|                        |              |                        | CLAIM #         | <i>X-203455</i> |
| <i>1 To Acar on 24</i> | <i>1785-</i> | <i>8 1/2 To P.D</i>    |                 |                 |
| <i>Dr Albani</i>       | <i>100</i>   | <i>10 days T.D</i>     |                 |                 |
| <i>Dr Jansha</i>       | <i>85</i>    | <i>85 med legal</i>    |                 |                 |
| <i>16 To</i>           | <i>1970</i>  |                        |                 |                 |
| <i>John D Lopetle</i>  |              |                        |                 |                 |
| <i>2000</i>            |              |                        |                 |                 |

~~CONFIDENTIAL~~  
~~STREET INFORMATION~~  
~~CALIFORNIA POLICE~~  
~~FROM 0000-1111-100000~~

EARL H. LAFFOON  
INVESTIGATIONS  
1033 WEST 8TH STREET - SUITE 210  
LOS ANGELES, CALIFORNIA 90057  
HURBARD 3-6943

February 7, 1968

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California 90005

Attention: Mrs. J. Stiner

RE: SIRHAN B. SIRHAN vs.  
Altfillish Const. Co.  
2X-203445  
L-3191

WORKMEN'S COMPENSATION APPEALS BOARD HEARING

February 7, 1968

9:00 a.m. An investigator of this agency reported to the Workmen's Compensation Appeals Board in the California State Building, Los Angeles, California, where he waited to testify and to project motion pictures at this hearing.

Later in the day he was advised by Mr. Evans, the attorney handling this case, that his testimony and motion pictures would not be needed this date. He was then excused for the day.

Thanking you for this assignment, I remain,

*Earl H. Laffoon*  
Earl H. Laffoon

EHL:sft





RE: SIRHAN B. SIRHAN  
February 2, 1968  
Page 2

on this assignment for the day.

This information was telephoned to you. We will place MR. SIRHAN under early morning surveillance.

January 26, 1968

MR. SIRHAN was placed under surveillance from 4:30 a.m. to 11:30 this date. Including travel time, eight hours were spent on this assignment, this date.

The following is a brief summary of this date's surveillance.

4:30 a.m. Surveillance commenced.

8:52 a.m. A man, fitting MR. SIRHAN'S description, departed the residence driving a Volkswagon. We followed him to the United Picture Frame Company, where he parked and entered the building, going out of view. As he was walking towards the building, we exposed 30' of 16 mm. color film of this activity.

After he had entered the building, we made a Department of Motor Vehicles check of his vehicle. It proved to be registered Adel B. Sirhan. We then made an employment verification at the frame company, and it was learned that Adel Sirhan did work there. We then placed a phone call to MR. SIRHAN'S residence, and verified his presence at home. It was also learned that the man the investigator followed and photographed was MR. SIRHAN'S brother. They are apparently very similar in appearance.

We then returned to MR. SIRHAN'S residence and resumed surveillance.

9:50 a.m. MR. SIRHAN was first observed, as he was running down the sidewalk. As he ran, we exposed 15' of color film. MR. SIRHAN appeared to move in a free and easy unrestricted manner.

RE: SIRHAN B. SIRHAN  
February 2, 1968  
Page 3

10:00 a.m. MR. SIRHAN arrived at the Organic Pasadena. This proved to be a health foods store, located at 1380 North Lake, Pasadena, California. MR. SIRHAN then entered the store, going out of view.

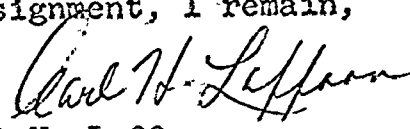
10:30 a.m. Since MR. SIRHAN was still in the store, we placed a phone call and verified his employment at the health food store. A short time later, we entered the store and observed MR. SIRHAN in the back room, stamping small bottles, to be put on the shelf.

11:30 a.m. Since it appeared that MR. SIRHAN would remain in the building the rest of the day, we discontinued.

A total of 15' color was taken this date.

This information has been telephoned to you. We have suspended activity on this case until we receive further instructions from you.

Thanking you for this assignment, I remain,

  
Earl H. Laffoon

EHL:ls

cc: McLaughlin, Evans, Dalbey & Cumming  
Mr. B. Evans

# ARGONAUT INSURANCE

TO John J. [Signature] FROM John J. [Signature] DATE 7- 19    
INJURED [Signature] POLICY #     
INSURED    POLICY TERM     
CONVERSATION WITH John McLaughlin CLAIM #   

Outstanding Obligation to Dr. Kiehn

449-6494



# Argonaut Insurance Company

443 SHATTO PLACE

LOS ANGELES, CALIFORNIA 90005

January 17, 1968

Altfillisch Construction Company, Inc.  
Route #1, Box 159-B  
Corona, California

Attention: Laura Kraus  
Claim No: 02X 203445  
Claimant: Sirhan Sirhan  
Employer: Altfillisch Construction Co.  
Inj Date: 9/25/66

Gentlemen:

We have your letter of July 21, 1967, setting forth the weeks that Mr. Sirhan worked for you after his date of injury on 9/25/66. In view of the fact that Mr. Sirhan will probably contend that he did not return to his regular duties following the injury of September 25, 1966, and that he terminated because of his limitations, we would appreciate your advising us as to whether Mr. Sirhan did return to his regular duties including exercising horses, and whether his termination of employment was related to limitation caused in turn by his injury of September 25, 1966.

Thank you for your cooperation.

Very truly yours,

*J. D. Stiner*  
J. D. Stiner  
Claims Examiner

1

cc: McLaughlin, Evans, Dalbey & Cumming  
Attention: Barry Evans

Answer: Sirhan Sirhan did return to his regular duties after his injury and his termination was due to the fact that he quit voluntarily. He worked from 10/1 to 11/13 at a raise in pay; quit and returned to work on 12/2 to 12/10 when he quit permanently.

*Barry Evans*



# ARGONAUT INSURANCE

TO Sirhan Sirhan FROM Sirhan Sirhan DATE 2-5-68  
 INJURED Altfillish Fulton POLICY #   
 INSURED Altfillish Fulton POLICY TERM   
 CONVERSATION WITH 246-8541 CLAIM # 21-203445

John McLaughlin 714-737-5395  
Wendy Att. Hearing Diana Staus  
Stone One in Charge New Crew Not Altfillish  
Stable Area Up on 10/11/68  
Rec'd 2/8/68 9 Div - 217

*Airgonaut Insurance*  
RESERVE COMPUTATION SHEET

Claim No. \_\_\_\_\_

Name of Injured \_\_\_\_\_ Date of Injury \_\_\_\_\_

Age 22 Occupation Exercise Ray Group Letter \_\_\_\_\_

Comp. Rate (Temp.) \_\_\_\_\_ (P.D.) \_\_\_\_\_ Based on Wage of \_\_\_\_\_

Estimated P.D. Rating 10 %, Or \_\_\_\_\_ Wks. \$ 21.00

Temp. Comp. Paid \_\_\_\_\_ Wk. \$ 10.00

Further Est. Temp. \_\_\_\_\_ Wk. \$ \_\_\_\_\_

Total Temp. Comp. \$ \_\_\_\_\_

Total Comp. Est. \$ 21.70

Med. Paid \$ \_\_\_\_\_

Future Est. Med. \$ abt 4.25 Total Med. Est. \$ 7.50

Estimated By \_\_\_\_\_ Date \_\_\_\_\_

Rating Factors, Objective \_\_\_\_\_

Back & head complaints

Subjective Had reserves other than  
medical.

Rating Formula \_\_\_\_\_

|       |    |   |    |    |      |           |       |
|-------|----|---|----|----|------|-----------|-------|
| 18.12 | 7% | 1 | 25 | 10 | 7:3  | (3) - C - | 22.00 |
|       |    |   |    |    |      |           | 7.50  |
| 1.62  | 5% | 1 | 7  | 5  | 3:3  |           | 3.50  |
|       |    |   |    |    | 11:5 |           | 33.00 |

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

726

9/13/67

TO Mr. Laughlin Evans

AT

Art Barry Evans

SUBJECT: Barry Evans is Abigail's Child

DATE 1-24-68

24-203445

Yours of 1/15/68

I have given this to Earl Loffoon for review  
and he is aware of the Stearns note.  
I have also written to inform you  
I have a copy of my letter. I have not had  
a reply as yet.

PLEASE REPLY TO ☐

SIGNED

ARGONAUT INSURANCE

Use Reverse Side for Your Reply 727

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF INDUSTRIAL ACCIDENTS  
**WORKMEN'S COMPENSATION APPEALS BOARD**  
STATE OF CALIFORNIA

203445  
Case No. 67 LA 312 184

SIRHAN B. SIRHAN

Applicant....

vs.

GRANJA VISTA DEL RIO

ARGONAUT INSURANCE COMPANY, a corporation

Defendant..

Notice of Time  
and Place of  
Further Hearing

**NOTICE TO ALL PARTIES**

You are hereby notified that further hearing will be held in the above-entitled action at

4107 LOS ANGELES STATE OFFICE BUILDING, 107 SOUTH BROADWAY  
LOS ANGELES, CALIFORNIA

FEBRUARY 7, 1968

9:00 A.M.

WORKMEN'S COMPENSATION APPEALS BOARD

By

C. L. RINGHOFF  
REFeree

Dated at: Los Angeles, California

NOTE: CONTINUANCES AND FURTHER HEARINGS ARE NOT FAVORED.

SERVED BY MAIL ON PERSONS SHOWN  
ON THE OFFICIAL ADDRESS RECORD

Date: By:

1-12-68

P. Tush

728

MCLAUGHLIN, EVANS, DALBEY & CUMMING  
ATTORNEYS AT LAW

1717 NORTH HIGHLAND AVENUE, SUITE 710  
LOS ANGELES, CALIFORNIA 90028

AREA CODE 213  
TELEPHONE  
466-8541

JOHN F. MCLAUGHLIN  
BARRY F. EVANS  
WM. BLAIR DALBEY  
RAY B. CUMMING

HAROLD J. BENNETT  
NEO L. GAYLORD  
JOHN F. BARTOS  
GEORGE R. HASWELL  
ALLAN R. SCHUMMER  
ROBERT H. GILLHAM

January 15, 1968

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California

Attention: J. D. Stiner, Claims Examiner

Re: Your Claim No. 02X-203445  
Sirhan Sirhan vs. Altfillisch Construction Company, Inc.  
Date of Injury: 9-25-66

Gentlemen:

The above matter is now scheduled for further hearing before the Appeals Board at Los Angeles on February 7. We refer you to our earlier letter of January 3, regarding trial preparation.

If your further investigation does disclose that applicant did return to his regular duties and continued performing them for some period of time post-injury, then an individual who could so testify should be available at the hearing. In addition, if sub rosa is effective once assigned, then we should be so advised so that arrangements can be made to view the motion picture film and arrange for the appearance of the necessary investigator at the hearing.

Yours very truly,

MCLAUGHLIN, EVANS, DALBEY & CUMMING

By: Barry F. Evans

*Barry F. Evans*

BFE:cjz

*Subrosa?*  
*OK*  
*1/22/7*



Wife Barry Evans  
my results

EARL H. LAFFOON

INVESTIGATIONS  
1832 WEST 8TH STREET - SUITE 210  
LOS ANGELES, CALIFORNIA 90057  
HUBBARD 3-6943

Hearing:

12-7-68

900 C.A.

Barry Evans

SS #

0/3 3-17-44

NAME OF INSURANCE COMPANY

Insurance & Insurance Company

CLAIM NUMBER

2X203445

ASSIGNED BY

Wife J. Stuer - Los Angeles

DATE ASSIGNED

1-22-68

INSURED

W. J. Stuer Construction Co (a horse farm) Citrus & Cleveland, Norro

CLAIMANT

Sirhan B. Sirhan 6916 E. Howard St. Pasadena

AGE

WEIGHT

HEIGHT

MARRIED OR SINGLE

23

115 #

5'4 1/2"

Single

RACE

WEAR GLASSES

MUSTACHE

COLOR OF HAIR

OCCUPATION

DATE OF INJURY

LOCATION

MALE OR FEMALE

EXERCISE boy

7-25-66

male

ACCIDENT

thrown from horse

has now R.T.W. for a small grocery store as clerk & boy

INJURY

cut left eye lid & chin

bruise back & left hand

CLAIMANT'S ATTORNEY

Anne P. Icomer

ADDRESS

16 N. Moreno Ave

CITY

Pasadena

DOCTOR

No treatment

ADDRESS

CITY

CITY WHERE HEARING HELD

HEARING DATE

TIME OF HEARING

Medical Dept of U-6-67:

ABOVE

REMARKS

1. Pain in back from being in one position for long - bending  
a. & lifting - sitting - standing - bending forward - &  
straightening erect

2. No heavy work or activity

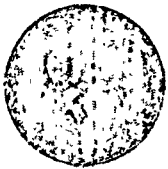
INVESTIGATION REQUIRED

Surveillance - pics of good unrestricted activity

AUTHORIZATION TO USE MORE THAN ONE OPERATOR

NUMBER OF DAYS ALLOTTED

IF MORE SPACE IS REQUIRED, USE REVERSE SIDE



# *Argonaut Insurance Company*

443 SHATTO PLACE

LOS ANGELES, CALIFORNIA 90005

January 17, 1968

Altfillisch Construction Company, Inc.  
Route #1, Box 159-B  
Corona, California

Attention: Laura Kraus

Claim No: 02X 203445  
Claimant: Sirhan Sirhan  
Employer: Altfillisch Construction Co.  
Inj Date: 9/25/66

Gentlemen:

We have your letter of July 21, 1967, setting forth the weeks that Mr. Sirhan worked for you after his date of injury on 9/25/66. In view of the fact that Mr. Sirhan will probably contend that he did not return to his regular duties following the injury of September 25, 1966, and that he terminated because of his limitations, we would appreciate your advising us as to whether Mr. Sirhan did return to his regular duties including exercising horses, and whether his termination of employment was related to limitation caused in turn by his injury of September 25, 1966.

Thank you for your cooperation.

Very truly yours,

J. D. Skinner  
Claims Examiner

1

cc: McLaughlin, Evans, Dalbey & Cuming  
Attention: Barry Evans

731

MCLAUGHLIN, EVANS, DALBEY & CUMMING  
ATTORNEYS AT LAW

1717 NORTH HIGHLAND AVENUE, SUITE 710  
LOS ANGELES, CALIFORNIA 90028

AREA CODE 213  
TELEPHONE  
466-8541

JOHN F. MCLAUGHLIN  
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HAROLD J. BENNETT  
NED L. GAYLORD  
JOHN F. BARTOS  
GEORGE R. HASWELL  
ALLAN R. SCHUMMER  
ROBERT H. GILLHAM

January 3, 1968

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California

Attention: J. D. Stiner, Claims Examiner

Re: Your Claim No. 02X 203445  
Sirhan Sirhan vs. Altfillisch Construction Company, Inc.  
Date of Injury: 9-25-66

Gentlemen:

We are proceeding to file and serve the report of Dr. Martin Albori of December 20, 1967 which establishes a rather substantial medical conflict when consideration is given to the report of Dr. Yamsion of November 6, previously served upon this office by the attorneys for applicant.

We note from reviewing Dr. Albori's report that the applicant apparently will contend that he never did return to his regular duties following the injury of September 25, 1966 and finally in December of that year he was terminated because of his limitations. The letter from your assured dated July 21, 1967 by inference would seem to take issue with these claims. However, we do believe that some further contact should be made with your assured and a determination made as to whether applicant ever did in fact return to his regular duties including exercising horses and whether applicant's termination of employment was related to limitations caused in turn by his injury. Further, some effort at sub rosa might be warranted in view of applicant's elaboration upon the extent of his disability.

Yours very truly,

MCLAUGHLIN, EVANS, DALBEY & CUMMING

By: Barry F. Evans *Barry F. Evans*

BFE:cjz

732

Employer's Identification  
Number: 95-2241464

MARTIN ALBORI, M.D.  
739 NORTH HIGHLAND AVENUE  
HOLLYWOOD, CALIFORNIA 90038  
TELEPHONE 937-1176

DATE December 21st, 1967

Argonaut Insurance Company

443 Shatto Place

Los Angeles, California 90005

FOR PROFESSIONAL SERVICES RENDERED

Re: Sirhan Sirhan  
Altfillish Construction  
Company  
Claim: 02X-203445

12/18/67

Code 0002  
Special Examination, Review of  
Submitted records, and report

\$82.50

4/2/67

733

733



# Argo Insurance Companies

443 Shatto Place, Los Angeles, California

December 6, 1967

Sirhan Sirhan  
696 East Howard  
Pasadena, California

The x-rays for this patient  
are not in our offices.

Dr. R.A. Nelson

02X 203445  
Altfillisch Construction Company, Inc.  
Sirhan Sirhan  
9/25/66

Monday, December 18, 1967

1:30 P. M.

Martin Albori, M. D.  
739 North Highland Avenue  
Los Angeles, California 937-1176

J. D. Stinar

*No envelope attached  
as only this was  
not followed.  
C. J. 12/18*

1

cc: Palmer & Toomer  
cc: McLaughlin & Evans  
cc: Richard A. Nelson, M. D. - - - (P.S. Please forward all X-rays  
cc: Forrest Johnson - - - - - (to Dr. Albori.  
cc: Martin Albori, M. D.

734



December 20, 1967

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California 90005

Re: Sirhan Sirhan  
696 East Howard  
Pasadena, California  
D/I: 9/25/66  
E: Altfillish Construction Co.  
CL# 02X-203445

Gentlemen:

The above was examined at this office on December 18, 1967. The findings are as follows: He is a male, single, age 23. His occupation is that of exercise boy.

HISTORY:

The patient relates that on September 25, 1966, while exercising a horse, he was thrown from the horse. He fell and sustained injuries. He was taken to the Corona Community Hospital. He had a laceration of the left eyelid, a laceration of the chin, contusion of the spine and of the left hand. The laceration were sutured. He states that at the time of the fall he was briefly unconscious. He was under the care of Doctor Nelson. He was discharged the next day and remained under further care by Doctor Nelson and he was subsequently referred to Doctor Miller and then to Doctor Kiehn. He states he still is under the care of Doctor Kiehn with treatments to the left eye, he is given some eyedrops. During this time he states he was seen by several specialists. He was temporarily disabled for work for a period of about two weeks, he then returned to work for the same employer but "not on my full capacity, I was not exercising the horses, I just worked as general helper and stable boy. In December, 1966, I was terminated because of my limitations which were due to the injury which I received working at that place." I tried to find other work but I still had handicaps with my eye and low back and as soon as I mentioned these handicaps I would not get a job. I did not go on Unemployment because I

DEC 25 1967

735

*Alt*  
*12/25/67*

Re: Sirhan Sirhan

-2-

December 20, 1967

didn't know if I was covered by Unemployment. I returned to work only about three weeks ago when I found a job as grocery clerk, in a small store, the work is light and I'm still doing this work".

COMPLAINTS:

"The patient states that he still has considerable discomfort in the spine, particularly in the low back but some discomfort also along the upper spine. He states that this discomfort occurs whenever he moves, bends, stoops or stands for a long time. He does not know if the discomfort is increased by coughing or sneezing because he states he never coughs or sneezes. Discomfort is greater in the morning but at times or in cold weather also at night. He has no radiated symptoms to the lower extremities. He complains about the left eye where he states that the skin on the inner side of the eye is tight and uncomfortable, especially in colder weather. He states that this "throw my face off balance". He indicates that the scar on the chin region is indurated and gives him a feeling of pressure. He states that at this time he has no impairment of vision.

PAST HISTORY:

With above employer for about six months. He states that never in the past did he have any industrial claim, significant injury, surgery or significant sickness.

EXAMINATION:

Age 23, height 5'4 1/2", weight 115  
occupation exercise boy.

On examination of the skull; the patient has no points of tenderness, there are no scars, no signs of residuals of injury.

Eyes: Only with his assistance, can a very minimal scar be noticed on the medial end of the left upper eyelid. There is no indication that this scar be painful or tender, it is cosmetically not noticeable. Motions of his eyelid are not affected. The left pupil is dilated by eyedrops which the patient states were applied this morning to his eye by Doctor Kiern.

Face and chin: With the patient's assistance, a scar can be noticed on the under side of his right chin.

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SERIALIZED  
INDEXED  
FILED

736

Re: Sirhan Sirhan

-3-

December 20, 1967

The cosmetic bearing is obviously nil and the area is minimally indurated. There are no reactions of pain or tenderness, no suggestion of regional disability from this scar.

Upper extremities: He states that he had a contusion to the left hand but he states that symptoms have subsided entirely. On regional examination, there are no painful reactions, no limitations of motions, no signs of after effects of injury. Evidence of significant nailbiting is noticed.

Spine, pelvis and lower extremities: The patient's gait is normal, he wears no support, he walks on his toes and heels and he crouts without any difficulty. His feet are flat. There is increased swayback of postural nature. There is no spasm at any time during examination, no deformities, no visible scars. He states that discomfort is at the lumbosacral level, there are no points of tenderness and there is absence of points of trigger pain. Reflexes are all normal, there are no sensory changes, girths are normal and leg tests are entirely negative. Minimal limitation of anterior flexion is displayed by the patient but on sitting flexion test his range is greater than average.

Measurements and tests:

Spinal motions/normal;

Anterior flexion 90/95  
Fingertips miss floor by 1 inch  
Extension 40/35  
Rotation right & left 35/35  
Lateral bending right & left 40/40  
Sitting flexion test (McBride's) 100/90

LOWER EXTREMITIES (RIGHT/LEFT):

Thigh girths 16 $\frac{1}{2}$ /16 $\frac{1}{2}$   
Calf girths 12 $\frac{1}{2}$ /14 $\frac{1}{2}$   
Length of lower extremities 33/33  
Straight leg raising 85/85

Flip test: Negative @ 90/90  
Lasague's test: Negative  
Patrick's test: Negative  
Ely's test: Negative

.. 8 72

737

RECEIVED  
DEC 21 1967  
FBI - LOS ANGELES

Re: Sirhan Sirhan

-4-

December 20, 1967

X-RAYS:

Submitted films: These are X-rays from the Good Samaritan Hospital and are films of the skull and of the lumbar spine. The findings are entirely normal and negative. There are no signs of recent or old bony injuries, no abnormalities of the disc spaces, no significant arthritic changes. There is postural swayback.

SUBMITTED FILES:

These are records of Doctor Nelson, Doctor Kiehn, Doctor Tashma, Doctor Patterson, Doctor Johnson, Doctor Nugent and Doctor Yamshon. The records refer to the patient's complaints and injuries incident to the accident of September 25, 1966. Examination by several eye specialists is negative for any signs of an injury to the left eye or for any signs of disability attributable to the minor scar near the left eye. Examination by neurosurgeons is reported to be negative with reference to neurosurgical findings. A report by Doctor Yamshon refers to subjective factors of permanent disability involving the low back and to scarring and disfigurement incident to the scars. A thoroughly disagree with these conclusions.

CONCLUSION:

With reference to the scars and to the patient's low back, it is my opinion that this patient's subjective complaints are entirely unsupported by regional evaluation of the findings. Without his assistance, I would not have noticed the scars and their cosmetic defect is, therefore, nil. I also do not believe that these scars account for any subjective discomfort of pain or tenderness. There was an apparent minor injury to the left hand from which the patient has subjectively and objectively recovered. He claims persistent symptoms involving the low back where regional examination is not supporting, even to a minimal extent, these complaints. I conclude that in my opinion he has fully recovered, from a subjective and objective point of view, from the above injuries with objective residuals consisting of only of minor scars which do not account for any disability or cosmetic defect. Based on the submitted records there was temporary disability for about two weeks

15 DEC 21 1967

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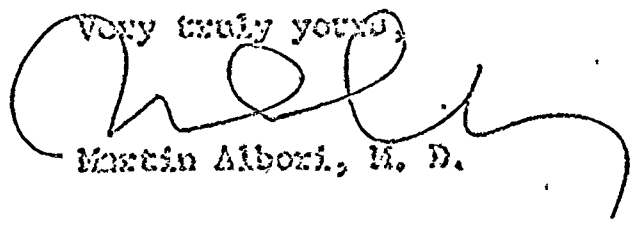
Re: Sirhan, Sirhan

December 20, 1967

by which time the patient resumed lighter work and about two weeks later, he resumed his previous regular work.

If there are any disabilities involving the left eye, these will be reported by eye specialists. With reference to the other areas, I feel that recovery has been complete without any after effects.

Very truly yours,



Martin Albori, M. D.

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DEC 21 1967

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FBI - LOS ANGELES  
738



443 Eatto Place, Los Angeles, California

December 6, 1967

Sirhan Sirhan  
696 East Howard  
Pasadena, California

02K 203445  
Altfilisch Construction Company, Inc.  
Sirhan Sirhan  
9/25/66

Monday, December 18, 1967

1:30 P. M.

Martin Albori, M. D.  
739 North Highland Avenue  
Los Angeles, California 900-1176

J. D. Stiner

1

cc: Palmer & Tooner  
cc: McLaughlin & Evans  
cc: Richard A. Nelson, M. D. - - - (P.S. Please forward all X-rays  
cc: Forrest Johnson - - - - - ( to Dr. Albori.  
cc: Martin Albori, M. D. - - Attached is a copy of our medical as well  
as applicant's. Please forward four copies  
of your report. Thank you.

740

ARGONAUT INSURANCE COMPANY

TO Attn: Richard J. Robbins, Claims Examiner

FROM

McLaughlin, Evans, Dalbey & Cumming  
Attorneys at Law  
1717 NORTH HIGHLAND AVENUE, SUITE 710  
LOS ANGELES, CALIFORNIA 90028  
HOLLYWOOD 6-8541

SUBJECT: CLAIM NO: 02X-203445

DATE: 11/16/67

FOLD ↑

SIRHAN SIRHAN vs. ALTFILLISCH CONSTRUCTION COMPANY

We attach copy of Dr. Ganshous report & bill  
served by appt's attys who have requested a  
hearing. Back disability is solely subjective  
and Ganshous evaluates at slight to moderate -  
much too high! Suggest immediate orthopedic  
exam - expect hearing end of December.

PLEASE REPLY TO → SIGNED

*Barry F. Evans*  
BARRY F. EVANS

NOV 20 1967

DATE

SIGNED

741

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF INDUSTRIAL ACCIDENTS  
**WORKMEN'S COMPENSATION APPEALS BOARD**  
STATE OF CALIFORNIA

Notice and Request for Allowance of Lien

CASE NO.

Leonard J. Hammon, H. D., 224 North Serrano Avenue, Los Angeles 90094  
LIEN CLAIMANT ADDRESS

vs.

Arthur B. Sluban 600 East Howard Street, Pasadena  
EMPLOYEE ADDRESS

Cruzja Vista Del Rio  
EMPLOYER ADDRESS

INSURANCE CARRIER ADDRESS

The undersigned hereby requests the Workmen's Compensation Appeals Board to determine and allow as a lien the sum of forty-five and no/100 Dollars (45.00) against any amount now due or which may hereafter become payable as compensation to Arthur B. Sluban on account of injury sustained by him on September 25, 1966.  
EMPLOYEE DATE

This request and claim for lien is for: (Cross out parts not applicable)

- (1) The reasonable expense incurred by or on behalf of said employee for medical treatment to cure or relieve from the effects of said injury; or special examination.
- ~~(2) The reasonable medical expense incurred to prove a contested claim; or~~
- ~~(3) The reasonable value of living expenses of said employee or of his dependents, subsequent to the injury; or~~
- ~~(4) The reasonable living expenses of the wife or minor children, or both, of said employee, subsequent to the date of injury, and if attributable, wholly or in part, to neglecting his family; or~~

The undersigned declares that he delivered or mailed a copy of this lien claim to each of the above-named parties on

November 6, 1967

ATTORNEY FOR LIEN CLAIMANT

DATE

ADDRESS OF ATTORNEY FOR LIEN CLAIMANT

LIEN CLAIMANT

EMPLOYEE'S CONSENT TO ALLOWANCE OF LIEN

I consent to the requested allowance of a lien against my compensation.

ATTORNEY FOR EMPLOYEE

EMPLOYEE

*Applicant*

LEONARD J. YAMSKON, M.D.

DISABILITY EVALUATION

DIPLOMATE, AMERICAN BOARD PHYSICAL MEDICINE AND REHABILITATION

BY APPOINTMENT

224 NORTH SERRANO AVENUE  
LOS ANGELES, CALIFORNIA 90004  
NORMANDY 1-1168

November 6, 1967

TO WHOM IT MAY CONCERN:

Re: Sirhan B. Sirhan  
Emp: Granja Vista Del Rio  
Date of Injury: 9-25-66

This man, Sirhan B. Sirhan, was seen and examined on this date.

HISTORY

He states he is an exercise boy. This work requires a lot of bending, lifting, carrying, etc.

On 9-25-66 he was exercising horses and he was thrown from a horse.

He was seen by Dr. Nelson. He was found to have a laceration of his left upper lid. There was some sand in his eye. He had a laceration of his chin and a large contusion over his back and contusion of his left hand and multiple abrasions. He states that when he was thrown off of the horse he doesn't know exactly how he landed. He was hospitalized. X-rays were made and were reported to be negative. He was also seen by Dr. Nilsson and Dr. Klein. He was seen by Dr. Tashma and by Dr. Johnson. Dr. Johnson felt there were no neurological problems. He was seen by Dr. Hugent. He states he was off work for two weeks. At that time he went back to light work. At the present time he is looking for work.

PAST HISTORY

Noncontributory.

*Applicant's Medical*

743

LEONARD J. YAMSHON, M.D.

DISABILITY EVALUATION

DIPLOMATE, AMERICAN BOARD PHYSICAL MEDICINE AND REHABILITATION

BY APPOINTMENT

224 NORTH SERRANO AVENUE  
LOS ANGELES, CALIFORNIA 90004  
NORMANDY 1-1169

-2-

Re: Sirhan B. Sirhan  
November 6, 1967

PRESENT COMPLAINTS

He complains of pain in his back. He finds he has pain in his back if he tries to be in one position for any period of time. He finds that when he bends and lifts he has pain. He finds that if he sits or stands or tries to be in a bent position he has back pain. He finds that when he turns over in bed at night he will wake up with backpain. He finds that when he gets in a partially bent position he has difficulty in straightening up.

EXAMINATION

There is a healed scar under the right mandible and over the right lumbar area.

There is tenderness in the lumbosacral area. He has pain on movement of the trunk. Trunk motions are complete. On flexion with effort he touches the floor.

He has hypesthesia over the anterior lateral aspects of both thighs. The reflexes are bilaterally equal.

He has pain referred to the back on knee chest, passive straight leg raising and performing Patrick's test.

|                        |       |      |
|------------------------|-------|------|
| Circumference:         | Right | Left |
| Thigh 6" above patella | 17"   | 17"  |
| Calf 4" below patella  | 12"   | 12"  |

DISCUSSION

Based on the history this man was injured at work on 9-25-66. He had a sprain of his back. He apparently also had an injury to his left eye but I do not feel qualified to comment upon that and this should be done by an ophthalmologist.



LEONARD J. YAMSHON, M.D.

DISABILITY EVALUATION

DIPLOMATE, AMERICAN BOARD PHYSICAL MEDICINE AND REHABILITATION

BY APPOINTMENT

224 NORTH SERRANO AVENUE  
LOS ANGELES, CALIFORNIA 90004  
NORMANDY 1-1169

-3-

Re: Sirhan B. Sirhan  
November 6, 1967

DISCUSSION (continued)

He had some lacerations of his face and he does have some scarring on the under surface of the chin on the right and a tight scar in this area. There is also some healed abrasions scars over the right posterior lumbar area and lateral lumbar area.

He has complaints referred to the back consisting of pain. He finds that he has pain when he gets in a partially bent position for any period of time. He finds that he cannot tolerate remaining in this position. He also finds that if he stands or sits for a prolonged period of time he has back pain. When he bends or tries to lift he has back pain.

He does not have any leg complaints but on this date he seems to have some hypesthesia to pin prick over the anterior lateral aspect of both thighs. The significance of this is not fully determined.

It is possible that he could have some contusion of the anterior femoral nerves in the fall.

The factors of disability are:

1. The subjective complaints, slight to moderate with moderate for being in the partially and squatting positions for any prolonged period of time.
2. Scarring and disfigurement.
3. Hypoesthesia.

LEONARD J. YAMSHON, M.D.

DISABILITY EVALUATION

DIPLOMATE, AMERICAN BOARD PHYSICAL MEDICINE AND REHABILITATION

BY APPOINTMENT

224 NORTH SERRANO AVENUE  
LOS ANGELES, CALIFORNIA 90004  
NORMANDY 1-1169

-4-

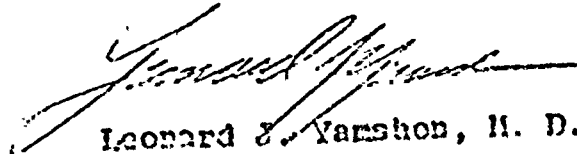
Re: Sirhan B. Sirhan  
November 6, 1967

DISCUSSION (continued)

I do not feel qualified to comment with regard to his eye.

For all practical purposes his condition can be considered to be permanent and stationary.

Sincerely yours,



Leonard J. Yamshon, M. D.

LSJ:rs

746

~~XXXXXXXXXXXXXXXXXXXX~~

FORREST L. JOHNSON, M.D.

1052 WEST SIXTH STREET

LOS ANGELES 17

HUNTLEY 2-8242

Argonaut Insurance Company

443 South Shatto Place

Los Angeles, Calif. 90005

Attn: , Miss Stiner

PROFESSIONAL SERVICES RENDERED

Re: SIRHAN, Sirhan B.

No: 02X 203445

Er: Altfillisch Constr. Co.

d/a: 9/25/66

OFFICE VISIT: 10/9/67

\$16.50

FORREST L. JOHNSON, MD

747

GOOD SAMARITAN RADIOLOGICAL MEDICAL GROUP  
HOSPITAL OF THE GOOD SAMARITAN

DEPARTMENT OF RADIOLOGY

1212 CHAYTO STREET

LOS ANGELES, CALIFORNIA 90017

JOHN D. CAMP, M.D.  
ROBERT E. RICKINBERG, M.D.  
DUANE I. GILLUM, M.D.  
JOHN D. CAMP, JR., M.D.  
ROBERT E. LEVIS, M.D.

PAUL M. MEADOWS, M.D.  
RADIATION THERAPY AND NUCLEAR MEDICINE

MICHAEL G. MEREDITH  
RADIATION PHYSICIST

REPORT ON RADIOLOGICAL EXAMINATION

OF

Mr. Sirhan Sirhan

45800

AT THE REQUEST OF

Dr. F. L. Johnson

DATE

9/6/67

SKULL: Routine views show the bone tables of normal density without evidence of injury or disease. The pineal is not calcified. No abnormal intracranial calcifications are seen. The sella turcica is intact with no evidence of enlargement or erosion. Visualized portions of the petrous bone are also normal.

LUMBAR SPINE: Anteroposterior, lateral and coned lateral views show normal posterior vertebral body alignment. Vertebral height and disc spaces are maintained.

CONCLUSION: Normal skull  
Normal lumbar spine

RL/m

*Robert E. Lewis*  
Robert E. Lewis, M.D.

MCLAUGHLIN, EVANS, DALBEY & CUMMING

ATTORNEYS AT LAW

1717 NORTH HIGHLAND AVENUE, SUITE 710  
LOS ANGELES, CALIFORNIA 90028

AREA CODE 213  
TELEPHONE  
466-8541

JOHN F. MCLAUGHLIN  
BARRY F. EVANS  
WM. BLAIR DALBEY  
RAY S. CUMMING

HAROLD J. BENNETT  
NED L. GAYLORD  
JOHN F. BARTOS  
GEORGE R. HASWELL  
ALLAN R. SCHUMMER  
ROBERT M. GILLHAM

October 26, 1967

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California 90005

Attention: Richard J. Robbins, Claims Examiner

Re: Your Claim No. 02X-203445  
Sirhan Sirhan vs. Artfisch Construction Co.  
Date of Injury: 9-25-66

Gentlemen:

This will confirm our telephone conversation on the afternoon of October 24, with Mr. Robbins at which time we advised him of the service by applicant's attorney of the report of a doctor in the field of eye, Maurice W. Nugent, dated October 10, 1967, that contains the concluding opinions that applicant has no permanent disability with regard to his eye. As a consequence, the examination scheduled with Dr. Kiehn should be canceled forthwith.

We attach a copy of Dr. Nugent's report for your file.

There may be need of an orthopedic evaluation but for the moment, we suggest you hold off any further examinations... The case is off calendar and we anticipate that we will be served with further medical reports by the attorneys for applicant. At that time, we shall submit our appropriate recommendations.

Yours very truly,

MCLAUGHLIN, EVANS, DALBEY & CUMMING

By: *Barry F. Evans*  
Barry F. Evans

BFE:kd  
Enclosure

*Richard Robbins can't remember  
when or how he called &  
Cancelled appx 5/18/67*



MAURICE W. NUGENT, M.D., F.A.C.S., F.I.C.S.

WILSHIRE METROPOLITAN MEDICAL CENTER

1127 WILSHIRE BOULEVARD • SUITE 505

LOS ANGELES, CALIFORNIA 90017

PHONE: 481-2462

October 10, 1967

Palmer and Toomer,  
Attorneys at Law,  
Citizens Bank Bldg.,  
10 North Arden Ave.,  
Pasadena, Calif., 91101

Attention: Anne L. Toomer  
Attorney

Re: Sirhan v. Sirhan, vs.,  
Granja Vista del Rio  
Case No.: 67 LA 312 144

Dear Sirs:

On October 10, 1967 I examined the above named and the following is my ophthalmological consultation report.

This ophthalmological examination was done at your request and with permission of the above named.

Please be informed that I have at hand a copy of his medical file and this was perused prior to the ophthalmological examination and again following.

This very pleasant and cooperative young man gave me no significant general history, past history or family history.

His present history states that he has never had glasses and that the accident in question resulted from being thrown from a horse September 25, 1966 at Corona. He thinks he was thrown into a fence, but it was during a fog and he and others were not certain of what he hit. In any event, he stated that he was unconscious for a short time and he awoke to find he was in the Corona Community Hospital. He stated that he came to while they were suturing his facial laceration.

Mr. Sirhan stated he was in hospital over night only and released him then one week later returned to the doctor for removal of stitches. He stated that he was back to work two weeks later and then noted poor movement in the left eye with a feeling of tension and pain.

-2-: 10-10-67  
Palmer & Toomer  
Attorneys at Law

Re: Sirhan B. Sirhan

He apparently feels that these symptoms are still present. He did not mention any twitching of the lid area or the left eye, although it is mentioned in his medical file.

Examination:

Mr. Sirhan was very cooperative and very pleasant. His symptoms were somewhat vague and variable, but pleasant cooperation was established and he proceeded with his examination with full cooperation.

His vision without glasses was a better than normal 20/15 in each eye.

A refraction was done and a most minimal refractive error was found, namely a +0.25 cylinder in the right eye at 105 axis and a +0.25 cylinder at axis 60 in the left eye. Needless to say this insignificant refractive error is of no consequence and it is essentially bilaterally symmetrical.

The intraocular pressure was measured and it was found to be a normal 17 millimeters of mercury in each eye.

The ocular muscle balance was measured and found to be completely negative in every detail.

The excursions were checked and the eyes were found to be fully mobile in all cardinal positions of gaze and no paresis or paralysis were present whatsoever.

There was excellent convergence.

The media and fundi were studied and measured with a retinoscope, an ophthalmoscope and a biomicroscope and both eyes were found to be excellent in every detail.

The pupils were round and equal and responded normally to light and accommodation.

His near point without any correction whatsoever was a full normal Jac. or I in each eye and this is as it should be in this age group.

The lids and adnexae were all inspected and examined carefully and a scar under the left brow and in the area towards the nose of the left upper eyelid showed a very small scar remnant and one that has healed exceptionally well.

-3-: 10-10-67  
Palmer & Toomer  
Attorneys at Law

Re: Sirhan B. Sirhan

This scar at the nasal end of the left upper eyelid is the result of his laceration and the surgical procedure of repair. It has healed well and has no tender spots in it, but in this location it is quite customary to have a small amount of deep scar tissue beneath the skin, but this is always left alone and no attempt is made to improve on the circumstance.

I did not ask for new x-rays as his file shows that those have been taken and there were no findings for any foreign body or bony fracture.

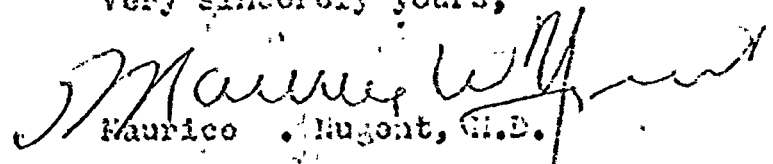
The fields were studied on the tangent screen and the right eye was fully normal both quantitatively and qualitatively with various sized test objects and at different differences from the screen. The left eye however at first gave a smaller field than normal, but when Mr. Sirhan was invited to make a good logical effort, he did so and the visual fields in the left eye also showed a full normal peripheral isopter and matched those of his right eye. The blind spots were normal and equal in each eye.

There was no complaint of twitching of the lids or areas about the left eye, nor was there any sign of any muscular twitching.

I can only state that this young man has a most excellent pair of eyes and a most excellent surgical result of the repair of his laceration at the nasal end of the left upper eyelid and there is no indication whatsoever of further treatment or complications or resultant disabilities.

In addition to the above, the eye examination shows no defect of the interior of each eye nor any localization of any central nervous system defect.

Very sincerely yours,

  
Maurice W. Nugent, M.D.

MMN:f

MAURICE W. NUGENT, M.D., F.A.C.S., F.I.C.S.  
WILSHIRE METROPOLITAN MEDICAL CENTER  
1127 WILSHIRE BOULEVARD - SUITE 505  
LOS ANGELES CALIFORNIA 90017  
PHONE 401-2492

Palmer H. Toomer  
Attorneys at Law  
15 No Marengo Ave.,  
Pasadena, Calif 91101

Re- Sirhan H. Sirhan

FOR PROFESSIONAL SERVICES

|          |                              |         |
|----------|------------------------------|---------|
| Oct 10th | Perusal of file              |         |
|          | Consultation eye examination |         |
|          | and report                   | \$50.00 |

GEORGE H. PATTERSON, M.D.  
FORREST L. JOHNSON, M.D.  
1052 WEST SIXTH STREET  
LOS ANGELES 17

HUNTLEY 2-8242

NEUROLOGICAL SURGERY

10 October 1967

Argonaut Insurance Company  
443 South Shatto Place  
Los Angeles, California 90005

Attention: Miss Stiner

Re: SIRHAN, Sirhan B.  
No: 02X 203445  
Er: Altfillisch Constr. Co.  
d/a: 9/25/66

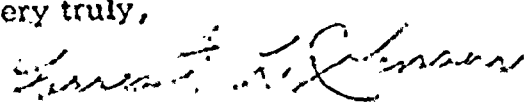
Dear Sir:

Mr. Sirhan Sirhan was seen again in my office on October 9, 1967. At this time he stated that he has not been working and that his symptoms are essentially the same. He states he has pain in his low back and a feeling of tightness around the left eye. He states that the sensation around the left eye seems to be increased with cold weather.

EXAMINATION: Pupils are equal and react to light. Funduscopic examination is within normal limits. Extra-ocular movements are intact. There is no nystagmus. Patient walks well on his heels and toes. Tendon reflexes are active and equal bilaterally throughout. I found no pathological toe signs. Patient reports tenderness on palpation over the upper sacrum. Back movements are carried through a normal range. Forward bending is accomplished to a point at which the fingertips touch the toes. Straight leg raising is accomplished to 85 degrees bilaterally.

\* COMMENT: I find no evidence of any neurological problem. Relative to the back problem, I believe the patient's condition should be considered permanent and stationary, disability factors being subjective complaints of low back pain that I would assess as minimal in degree. The patient's eye problem should probably be evaluated by Dr. Kiehn. No return appointment was made to see this patient. If I may be of any further help in his care, please let me know.

Yours very truly,

  
FORREST L. JOHNSON, M. D.

FJ/nsk

755



DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF INDUSTRIAL ACCIDENTS  
**WORKMEN'S COMPENSATION APPEALS BOARD**  
STATE OF CALIFORNIA

SIRHAN B. SIRHAN

*Applicant*

vs.

GRANJA VISTA DEL RIO

ARGONAUT INSURANCE COMPANY, a  
corporation

*Defendants*

CASE No. 67 LA 312 144

**ORDER TAKING  
OFF CALENDAR**

Pursuant to Stipulation of the parties, and

**GOOD CAUSE APPEARING:**

It Is HEREBY ORDERED That the above-entitled matter be and the same hereby is taken off calendar, and all further action herein suspended, subject to being reset upon request of any of the parties hereto.

C. L. RINGHOFF

Referee, WORKMEN'S COMPENSATION APPEALS BOARD

CLR/cr

PARTIES SERVED AS CHECKED  
ON OFFICIAL ADDRESS RECORD

Date: By:

DATED AND FILED AT LOS ANGELES  
CALIFORNIA  
SERVED BY MAIL ON PERSONS.

OCT 18 1967

AS SHOWN ON OFFICIAL  
ADDRESS RECORD

756

BILLING DATE

09 | 21 | 7

FROM THE OFFICE OF  
GOOD SAMARITAN RADIOLOGICAL MEDICAL GROUP  
1212 Shatto Street  
Los Angeles, California 90017  
STATEMENT OF MEDICAL SERVICES

RADIOLOGY  
RADIATION THERAPY  
NUCLEAR MEDICINE

JOHN D. CAMP, M.D.  
ROBERT E. RICKENBERG, M.D.  
PAUL M. MEADOWS, M.D.  
DUANE I. GILLUM, M.D.  
JOHN D. CAMP, JR., M.D.  
ROBERT E. LEVIS, M.D.

PATIENT: SIRHAN SIRHAN  
DOCTOR: F. JOHNSON

CLAIM NUMBER

56 05784

DATE OF INJURY

BILL TO: ALTHILLISCH CONSTR CO  
ARGONAUT INS CO  
1001 WILSHIRE BLVD  
LOS ANGELES CAL

PLEASE MAKE CHECKS PAYABLE TO  
GOOD SAMARITAN RADIOLOGICAL MEDICAL GROUP  
P. O. Box 60035, Terminal Annex  
Los Angeles, California 90036

| MONTH | DAY | YR |                  | CODE | CHARGES | PAYMENTS |
|-------|-----|----|------------------|------|---------|----------|
| 09    | 21  | 7  | 7026 FIVE VIEWS  | 2319 | 30.25   |          |
| 09    | 21  | 7  | 7210 THREE VIEWS | 4223 | 22.00   |          |
|       |     |    |                  |      | 52.25   |          |

ALL BILLS PAYABLE UPON PRESENTATION

PLEASE RETURN COPY  
WITH REMITTANCE

TOTAL DUE 52.25

757

October 20, 1967

Sirhan, Sirhan  
696 East Howard Street  
Pasadena, California

Q2X 20345  
ADULTERATION CORP. CO.  
SIRHAN, SIRHAN  
9/25/66

October 27, 1967

9:00 A.M.

E. Gordon Klein, M.D.  
48 H. El Marino Avenue  
Pasadena, Calif.

R.J. ROBERTS

12

cc: Palmer & Toomer  
cc: McLaughlin & Evans

cc: E. Gordon Klein, M.D.

The applicant failed his last appointment with Dr. Klein

...P.S. Resume subsequent to your examination enclosed. Please re-examine and favor us with your opinion and conclusions.

Please evaluate any subjective complaints. Are they commensurate with the injury?

758

JOHN F. McLAUGHLIN  
BARRY F. EVANS  
WM. BLAIR DALBEY  
RAY B. CUMMING  
HAROLD J. BENNETT  
NED L. GAYLORD  
JOHN F. BARTOS  
GEORGE R. HASWELL  
ALLAN R. SCHUMMER  
ROBERT M. GILLHAM

McLAUGHLIN, EVANS, DALBEY & CUMMING  
ATTORNEYS AT LAW

1717 NORTH HIGHLAND AVENUE, SUITE 710  
LOS ANGELES, CALIFORNIA 90028

AREA CODE 213  
TELEPHONE  
466-8541

September 28, 1967

Argonaut Insurance Company  
443 Shatto Place  
Los Angeles, California

Re: Sirhan Sirhan vs. Altfillisch Construction Company  
Case No. 67 LA 312-144  
Your Claim No. 2X-293445 *wrong #*

Gentlemen:

The above-captioned case set for trial on October 2nd is being continued as the applicant's attorney has still not received his medical evidence and has been advised that he probably will not until the middle of October. So that all evidence will be available at the time of trial, we have agreed to this continuance to avoid the necessity of possibly two hearings.

Since the only issue is that of permanent disability, the delay is not prejudicial.

Very truly yours,

McLAUGHLIN, EVANS, DALBEY & CUMMING

By: *Ray B. Cumming*  
Ray B. Cumming

RBC:cjz

STATEMENT

TELEPHONE 465-115

ALBERT TASHMA, M. D.  
6753 HOLLYWOOD BLVD.  
LOS ANGELES, CALIFORNIA 90028

August 18, 1967

Argonaut Insurance Company

1001 Wilshire Boulevard

Los Angeles, California

FOR PROFESSIONAL SERVICES:

Re: Sirhan Sirhan  
Claim: 02X 203445

8/15/67 Code 0002-Consultation of unusual  
complexity,

\$75.00

9-10-3-67  
50001

760

~~XXXXXXXXXXXXXXXXXXXX~~

FORREST L. JOHNSON, M.D.

1052 WEST SIXTH STREET

LOS ANGELES 17

HUNTLEY 2-8242

Argonaut Insurance Company  
443 South Shatto Place  
Los Angeles, California 90005

Attention: Miss Stiner

PROFESSIONAL SERVICES RENDERED

Re: SIRHAN, Sirhan B.

No: 02X 203445

Er: Altfilisch Constr. Co.

d/a: 9/25/66

Neurological Examination & Report  
5 September 1967

\$38.50

Q103-67  
1030

FORREST L. JOHNSON, MD

781



GEORGE H. PATTERSON, M.D.

FORREST L. JOHNSON, M.D.

1052 WEST 52ND STREET

LOS ANGELES 17

BUFILE 2-6242

NEUROLOGICAL SURGERY

10 October 1967

Argonaut Insurance Company  
443 South Shatto Place  
Los Angeles, California 90005

Attention: Miss Stiner

Re: SIRHAN, Sirhan B.  
No: 02X 203445  
Er: Altfilisch Constr. Co.  
d/a: 9/25/66

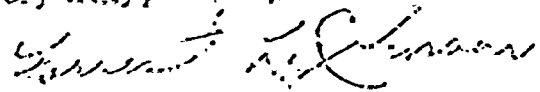
Dear Sir:

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EXAMINATION: Pupils are equal and react to light. Funduscopy examination is within normal limits. Extra-ocular movements are intact. There is no nystagmus. Patient walks well on his heels and toes. Tendon reflexes are active and equal bilaterally throughout. I found no pathological toe signs. Patient reports tenderness on palpation over the upper sacrum. Back movements are carried through a normal range. Forward bending is accomplished to a point at which the fingertips touch the toes. Straight leg raising is accomplished to 85 degrees bilaterally.

COMMENT: I find no evidence of any neurological problem. Relative to the back problem, I believe the patient's condition should be considered permanent and stationary, disability factors being subjective complaints of low back pain that I would assess as minimal in degree. The patient's eye problem should probably be evaluated by Dr. Kiehn. No return appointment was made to see this patient. If I may be of any further help in his care, please let me know.

Yours very truly,



FORREST L. JOHNSON, M. D.

11/1/68

762

GEORGE H. PATTERSON, M.D.  
FORREST L. JOHNSON, M.D.

1052 WEST SIXTH STREET  
LOS ANGELES 17

NEUROLOGICAL SURGERY

HUNTLEY 2-8242

6 September 1967

Argonaut Insurance Company  
443 South Shatto Place  
Los Angeles, California 90005

Attention: Miss Stiner

Re: SIRHAN, Sirhan B.  
No: 02X 203445  
Er: Altfillisch Constr. Co.  
d/a: 9/25/66

Dear Sir:

This is a report concerning Mr. Sirhan Sirhan, a 23-year-old, right-handed male seen in my office on September 5, 1967.

**CHIEF COMPLAINT:** Discomfort of chin, left eye and low back.

**PRESENT ILLNESS:** On September 25, 1966, while at work, the patient was thrown from a horse. The patient reports he was unconscious for an unknown period of time. He reports that he was taken to a hospital by ambulance and started regaining consciousness while his wounds were being stitched. The patient was hospitalized overnight. He states that they wanted him to stay longer but he did not like the idea. The patient returned to the doctor about a week later to have the sutures removed and was told that he should stay off work for ten to fourteen days. When the patient returned to work, he worked around the barn for about two weeks and then resumed his work as an exercise boy. He states that on resuming this work, he noted increased discomfort, particularly around the left eye and also low back discomfort. He was subsequently seen by the doctor who had originally treated him and then was referred to two other doctors. Because the patient had subsequently moved to his home in Pasadena, he was then referred to Dr. Kiehn in Pasadena. Sometime in November 1966, the patient was discharged from his job because he felt that he was unable to physically work the hours on the job that were required of him. The patient reports that he has not been working since his discharge from that employment.

The patient states he has noted no particular change in his symptoms in the last few months. He describes the left eye complaints as being waves of pain in the eye itself and a tight sensation in the skin around the left eye.

Re: SIRHAN, Sirhan B.

He reports a persistent pain under his chin and a feeling of tightness of the skin under his chin that interferes with his shaving. The patient reports that he has back pain all the time, but this is increased with bending movements or with lifting even minimal weights. Patient has noted no accentuation of back pain with coughing or sneezing. He reports no lower extremity pain.

**PAST HISTORY:** No operations. No previous hospitalizations. No serious illnesses. No other accidents or injuries. No allergens known.

**PHYSICAL EXAMINATION:** The patient is a small, thin male not in acute distress.

Blood Pressure: 120/70 RAS, 120/70 LAS.

Head: There is a small, well-healed scar near the inner canthus of the left eye and some slight prominence in the medial aspect of the left supraorbital ridge. The patient reports tenderness on palpation in this region of the supra-orbital ridge.

Neck: Supple.

Chest: Clear to percussion and auscultation.

Heart: Regular sinus rhythm. No murmurs heard.

Extremities: No gross deformities.

**NEUROLOGICAL EXAMINATION:**

Sensorium: Patient is alert, oriented and cooperative. \*

Cranial Nerves:

- I Essence of peppermint perceived bilaterally.
- II Patient reports a general constriction of the left visual fields that is not consistent to the confrontation testing. The optic discs appeared normal bilaterally.
- III, IV, VI Extra-ocular movements were intact. I found no nystagmus.
- V Patient variably reported hyperesthesia over the right chin.
- VII Facial movements were unimpaired. Corneal reflex was present bilaterally.
- VIII Faint watch tick was heard bilaterally.
- IX, X Palate elevated in midline. There was no impairment of phonation or swallowing.
- XI No deficit noted.
- XII Tongue protruded in midline.

Sensory Examination: Pin wheel, cotton wisp and vibration were perceived throughout.

Motor Examination: No specific weakness was found.

Argonaut Insurance Company  
6 September 1967 - Page 3

Re: SIRHAN, Sirhan B.

Cerebellar Examination: There is no nystagmus. There is no ataxia. Tandem walk is well performed.

Reflexes: Tendon and superficial reflexes were active and equal bilaterally. I found no pathological toe signs.

Back Examination: Patient reports tenderness on palpation over the lower three lumbar spines. There appears to be slight paraspinous muscle spasm in the lumbar region. Back movements were carried out through an essentially normal range, the patient reporting low back pain at the extremes of these movements. Forward bending is accomplished to a point at which the fingertips touch the toes. Straight leg raising is accomplished to 85 degrees bilaterally, the patient at this time reporting low back pain.

IMPRESSION AND COMMENT: The patient reports that he was unconscious at the time of his injury, although the medical reports that I had available for review did not verify this. At any rate, I found no evidence of a neurological problem at this time. The patient reports discomfort in the region of the facial scars. I believe there is a significant functional overlay that tends to magnify these complaints. The patient reportedly sustained a contusion of his back at the time of his injury and currently has complaints of pain in his low back. Arrangements were made for lumbar spine films, and I have asked the patient to return in about one month for re-examination. I believe the patient should be seen again by Dr. Klehn for his re-evaluation relative to the scars and the complaints involving the left eye. I believe the patient is capable of returning to work as a stable boy at this time.

Yours very truly,

FORREST L. JOHNSON, M. D.

FLJ/nsk

GOOD SAMARITAN RADIOLOGICAL MEDICAL GROUP  
HOSPITAL OF THE GOOD SAMARITAN

DEPARTMENT OF RADIOLOGY

1212 CHATTO STREET

LOS ANGELES, CALIFORNIA 90017

JOHN D. CAMP, M.D.  
ROBERT E. RICKENBERG, M.D.  
DUANE I. GILLUM, M.D.  
JOHN D. CAMP, JR., M.D.  
ROBERT E. LEVIS, M.D.

PAUL L. MEADOWS, M.D.  
RADIATION THERAPY AND NUCLEAR MEDICINE

MICHAEL G. MEREDITH  
RADIATION PHYSICIST

REPORT ON RADIOLOGICAL EXAMINATION  
OF

Mr. Sirhan Sirhan

AT THE REQUEST OF

Dr. F. L. Johnson

45800

DATE

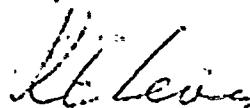
9/6/67

SKULL: Routine views show the bone tables of normal density without evidence of injury or disease. The pineal is not calcified. No abnormal intracranial calcifications are seen. The sella turcica is intact with no evidence of enlargement or erosion. Visualized portions of the petrous bone are also normal.

LUMBAR SPINE: Anteroposterior, lateral and coned lateral views show normal posterior vertebral body alignment. Vertebral height and disc spaces are maintained.

CONCLUSION: Normal skull  
Normal lumbar spine

RL/m



Robert E. Lewis, M.D.

NEURO SURGERY

PHONE 542-7489

*Samuel W. Weaver, M.D.*

1125 EAST 17TH ST., SUITE 114  
SANTA ANA, CALIF., 92701

*203455*  
June 21, 1967

Argonaut Insurance Company

1413 Shatto Place

Los Angeles, California 90005

FOR PROFESSIONAL SERVICES

RE: Sirhan, Sirhan

6/16/67 - 2 hr appointment held for  
neurological evaluation and  
electroencephalogram:

*50179*  
\$77 00

*AKL*  
Appointments were scheduled for this man on  
5/23/67 and 6/16/67. He did not keep the  
appointment on either date.

787 - 770



GOOD CAUSE APPEARING-  
The application herein  
is taken off calendar.

REFERENCE PAGE DATE

Department of Industrial Relations  
Division of Industrial Accidents  
Workmen's Compensation Appeal Board  
State of California

APPLICATION  
FOR ADJUDICATION OF CLAIM

CASE NO. 71LA-312144

Please file signed original and six copies  
and print or type names and addresses

Mr. ~~XXXXXX~~ SIRHAN B. SIRHAN

(INJURED EMPLOYEE)

Social Security No. [REDACTED]

696 East Howard

(INJURED EMPLOYEE'S ADDRESS)

Pasadena, California

(APPLICANT, IF OTHER THAN INJURED EMPLOYEE)

(APPLICANT'S ADDRESS)

VS.

GRANJA VISTA DEL RIO

(EMPLOYER)

Box 1593, Route 1

(EMPLOYER'S ADDRESS)

Corona, California

ARGONAUT INSURANCE COMPANY

(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF INSURED OR  
PERMISSIBLY UNINSURED)

1001 Wilshire, Boulevard

(ADDRESS OF INSURANCE CARRIER OR STATE)

Los Angeles, California

IT IS CLAIMED THAT:

1. The injured employee, born 3-19-44, while employed as a exercise boy  
on 9-25-66 at Corona, California, by the employer sustained injury arising  
of and in the course of employment to left eye, lower back  
2. The injury occurred as follows: thrown off filly while exercising her; breezing her  
at full speed

3. Actual earnings at time of injury were: \$375 per month

4. The injury caused disability as follows: various periods

5. Compensation was paid X \$            \$             
(YES) (NO) (TOTAL PAID) (WEEKLY RATE) (DATE OF LAST PAYMENT)

6. Medical treatment was received X 4-6-67 All treatment was furnished by the employer or insurance  
company X other treatment was provided or paid for by             
Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury at

7. Unemployment Insurance or Unemployment Compensation Disability benefits have been received since the date of injury X

8. Other cases have been filed for industrial injuries by this employee as follows: none

9. This application is filed because of a disagreement regarding liability for: Temporary disability indemnity X Permanent disability indemnity X Reimbursement for medical expense X Medical treatment X Compensation at proper rate X  
Other            Specify:             
and applicant requests a hearing and award of the same, and for all other appropriate benefits provided by law

Hearing requested at Los Angeles Dated at Pasadena, California, July 10, 1967

Number of witnesses            Pre-trial wanted           

Estimated time of trial           

Set now X Set later on written request           

SIRHAN B. SIRHAN

PALMER & TOOMEY  
16 North Marquette Ave., Pasadena, Calif.

771-2086 & 683-2030

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF INDUSTRIAL ACCIDENTS  
**WORKMEN'S COMPENSATION APPEALS BOARD**  
STATE OF CALIFORNIA

**SEIFAN B. SEIFAN**

Case No. 67LA 312 144

NOTICE OF HEARING

*Applicant*

vs.

**GRATIA VESTA DEL RIO**

**ABERCAUT INSURANCE COMPANY, a corporation**

*Defendant*

203445

You are hereby notified that an application for compensation has been filed with the Workmen's Compensation Appeals Board of the State of California. You are further notified that said application has been set for hearing at

4107 LOS ANGELES STATE OFFICE BUILDING, 107 SOUTH BROADWAY  
LOS ANGELES, CALIFORNIA

**OCTOBER 2, 1967**

**9:00 A.M.**

and that at said time and place the Workmen's Compensation Appeals Board will proceed to hear and dispose of the said application in the manner prescribed by law.

WORKMEN'S COMPENSATION APPEALS BOARD

By

**C. L. HARTHOFF**

9/12/67

Dated at: Los Angeles, California

NOTE: The parties are expected to submit all disputed issues for decision at this hearing. All witnesses, evidence, medical reports, payrolls and other proof must be available at the hearing. CONTINUANCES WILL BE GRANTED ONLY UPON A CLEAR SHOWING OF GOOD CAUSE. Requests for continuances are to be made within 5 days of the date of this notice.

NOTE TO INSURED EMPLOYERS: Your attendance at this hearing may not be necessary. Ask your insurance company.

SERVED BY MAIL ON PERSONS SHOWN  
ON THE OFFICIAL ADDRESS RECORD

Date: 9/6/67 By: T. Kerz

9/6/67

T. Kerz

772

# ARGONAUT INSURANCE

O FROM Jan DATE 8-15 1967  
INJURED Sirhan Sirhan POLICY #  
INSURED Alf Hillish Const Co. POLICY TERM  
CONVERSATION WITH Exercise Day CLAIM # 20344.5

Dr. Ashma - Called

Nothing wrong with fellow

August 18, 1967

Sirhan, Sirhan  
690 East Howard St  
Pasadena, Calif.

OK 20345  
AMERICAN CONSTRUCTION CO.  
STEAM SHED  
9/25/66

September 5, 1967 - Friday

4:00 P.M.

Forrest L. Johnson, M.D.  
1000 West 6th Street  
Los Angeles, Calif.

By 2 842

J. B. STERN

cc: Palmer & Turner  
cc: McLaughlin, Moore, Dalby & Canning  
cc: Dr. Forrest Johnson

P.S. Attached find copies of our medical reports.  
In checking the Doctor he told us it would appear  
on his reports if the man was unconscious

PLEASE FORWARD FOUR COPIES OF YOUR REPORT.

781

INSURANCE REPORT BY MEDICAL RECORDS

720045

DISCHARGE DATE 9-26-66 CASE NO: 7988

PATIENT NAME: SIRHAN, SIRHAN DOCTOR: R. Nelson

FINAL DIAGNOSIS: Multiple contusions, abrasions + lacerations  
Foreign bodies in eyes

COMPLETE NAMES OF OPERATION: Sutures of lacerations

DATE OF PROCEDURE: 9-25-66

SURGEON: R. Nelson ASSISTANT: \_\_\_\_\_ ANES: \_\_\_\_\_

ANESTHETIC: START \_\_\_\_\_ OPERATION: START \_\_\_\_\_

STOP \_\_\_\_\_ STOP \_\_\_\_\_

COMPLETED BY: R. Nelson, Ins. Clerk

10-6-66

782

*[Signature]* 9/21/67

BENJAMIN E. HERNDON, M.D.  
RICHARD A. NELSON, M.D., F.A.C.S.  
JOHN WM. SCHNEPPER, M.D.

760 SOUTH WASHBURN  
CORONA, CALIFORNIA 91720  
(714) 737-5892 - (714) 688-8731

August 3, 1967

Argonaut Ins.  
443 Shatto  
Los Angeles, California 90005

Attn: Mrs. Steiner

Re: Sirhan Sirhan

Dear Mrs. Steiner:

In checking with Dr. Nelson in regards to sending you additional information on the above named patient, he tells me that we are unable to do so without the written consent by Mr. Sirhan. If you would send us his consent then we can send you the information you need provided we have it on hand.

Thank you,

*K. Coffey*  
K. Coffey

788

*Atty*  
*8/21/67*



ER 4045

|               |                 |       |              |
|---------------|-----------------|-------|--------------|
| NAME          | ALFRED J. REYES | DATE  | 11/1/68      |
| AGE           | REYES           | SEX   | M            |
| CITY          | NEW YORK        | STATE | NY           |
| DATE OF BIRTH | 11/1/68         | PHONE | 212-123-4567 |

Industrial accident, was riding race horse when he ran into fence and fell, sustaining injury as follows:

Neubildung 2: 1/2

Laceration of left upper lid (medial)  
Bilateral sand foreign bodies in eyes  
Laceration of chin, complex, 5 cm total  
Large contusion of dorsal back  
Contusion of left hand  
Multiple abrasions.

**HYPERTET given**

~~-Hospitalized for further care.~~

|    |     |
|----|-----|
| 15 | 002 |
|----|-----|

Subsets

21

Neutralized as of 11/1/11

150

2. 1941 - 1942 - 1943 - 1944 - 1945 - 1946 - 1947 - 1948 - 1949 - 1950 - 1951 - 1952 - 1953 - 1954 - 1955 - 1956 - 1957 - 1958 - 1959 - 1960 - 1961 - 1962 - 1963 - 1964 - 1965 - 1966 - 1967 - 1968 - 1969 - 1970 - 1971 - 1972 - 1973 - 1974 - 1975 - 1976 - 1977 - 1978 - 1979 - 1980 - 1981 - 1982 - 1983 - 1984 - 1985 - 1986 - 1987 - 1988 - 1989 - 1990 - 1991 - 1992 - 1993 - 1994 - 1995 - 1996 - 1997 - 1998 - 1999 - 2000 - 2001 - 2002 - 2003 - 2004 - 2005 - 2006 - 2007 - 2008 - 2009 - 2010 - 2011 - 2012 - 2013 - 2014 - 2015 - 2016 - 2017 - 2018 - 2019 - 2020 - 2021 - 2022 - 2023 - 2024 - 2025 - 2026 - 2027 - 2028 - 2029 - 2030 - 2031 - 2032 - 2033 - 2034 - 2035 - 2036 - 2037 - 2038 - 2039 - 2040 - 2041 - 2042 - 2043 - 2044 - 2045 - 2046 - 2047 - 2048 - 2049 - 2050 - 2051 - 2052 - 2053 - 2054 - 2055 - 2056 - 2057 - 2058 - 2059 - 2060 - 2061 - 2062 - 2063 - 2064 - 2065 - 2066 - 2067 - 2068 - 2069 - 2070 - 2071 - 2072 - 2073 - 2074 - 2075 - 2076 - 2077 - 2078 - 2079 - 2080 - 2081 - 2082 - 2083 - 2084 - 2085 - 2086 - 2087 - 2088 - 2089 - 2090 - 2091 - 2092 - 2093 - 2094 - 2095 - 2096 - 2097 - 2098 - 2099 - 2100 - 2101 - 2102 - 2103 - 2104 - 2105 - 2106 - 2107 - 2108 - 2109 - 2110 - 2111 - 2112 - 2113 - 2114 - 2115 - 2116 - 2117 - 2118 - 2119 - 2120 - 2121 - 2122 - 2123 - 2124 - 2125 - 2126 - 2127 - 2128 - 2129 - 2130 - 2131 - 2132 - 2133 - 2134 - 2135 - 2136 - 2137 - 2138 - 2139 - 2140 - 2141 - 2142 - 2143 - 2144 - 2145 - 2146 - 2147 - 2148 - 2149 - 2150 - 2151 - 2152 - 2153 - 2154 - 2155 - 2156 - 2157 - 2158 - 2159 - 2160 - 2161 - 2162 - 2163 - 2164 - 2165 - 2166 - 2167 - 2168 - 2169 - 2170 - 2171 - 2172 - 2173 - 2174 - 2175 - 2176 - 2177 - 2178 - 2179 - 2180 - 2181 - 2182 - 2183 - 2184 - 2185 - 2186 - 2187 - 2188 - 2189 - 2190 - 2191 - 2192 - 2193 - 2194 - 2195 - 2196 - 2197 - 2198 - 2199 - 2200 - 2201 - 2202 - 2203 - 2204 - 2205 - 2206 - 2207 - 2208 - 2209 - 2210 - 2211 - 2212 - 2213 - 2214 - 2215 - 2216 - 2217 - 2218 - 2219 - 2220 - 2221 - 2222 - 2223 - 2224 - 2225 - 2226 - 2227 - 2228 - 2229 - 2230 - 2231 - 2232 - 2233 - 2234 - 2235 - 2236 - 2237 - 2238 - 2239 - 2240 - 2241 - 2242 - 2243 - 2244 - 2245 - 2246 - 2247 - 2248 - 2249 - 2250 - 2251 - 2252 - 2253 - 2254 - 2255 - 2256 - 2257 - 2258 - 2259 - 2260 - 2261 - 2262 - 2263 - 2264 - 2265 - 2266 - 2267 - 2268 - 2269 - 2270 - 2271 - 2272 - 2273 - 2274 - 2275 - 2276 - 2277 - 2278 - 2279 - 2280 - 2281 - 2282 - 2283 - 2284 - 2285 - 2286 - 2287 - 2288 - 2289 - 2290 - 2291 - 2292 - 2293 - 2294 - 2295 - 2296 - 2297 - 2298 - 2299 - 2300 - 2301 - 2302 - 2303 - 2304 - 2305 - 2306 - 2307 - 2308 - 2309 - 2310 - 2311 - 2312 -

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LABORATORY

TOTAL

91 50

DISPOSITION

**Hospitalized**

NUPSES SIGNATURE \_\_\_\_\_

PHYSICIAN

~~Richard A. Nelson, M.D.~~

### CONSENT FOR TREATMENT

[illegible]

Signed for  
Patient by

'REASON NOT SIGNED BY PATIENT

784

## RELATIONSHIPS

Ally  
AS/21/67

ALBERT TASHMA, M. D.  
6753 HOLLYWOOD BOULEVARD  
LOS ANGELES, CALIFORNIA 90028  
TELEPHONE 466-4285  
OPHTHALMOLOGY

August 18, 1967

Argonaut Insurance Company  
1001 Wilshire Boulevard  
Los Angeles, California

Attention: J. D. Stiner

Re: Sirhan Sirhan  
Claim: 02K 203445  
Our file: 67-1001

Dear Sirs:

At the request of the carrier the above named patient was examined by me on August 15, 1967.

PRESENT ILLNESS

The following is an account of an accident which occurred on September 25, 1966 at 8 A. M.

"The morning of the said date I was breeding a filly. In other words, I was asking her to run as far as she could. I was riding the horse. It was a very foggy morning that day. A few seconds after I had started the filly I was down. She threw me. I don't know how I fell, when, everything went blank. The people who were watching me couldn't see what happened due to the fog. I was taken by ambulance to the hospital, Corona Community Hospital. I was treated by Dr. Richard Nelson. He had applied some stitches to what he claimed was excessive bleeding. He applied about three to the lower side of my chin, and I don't know how many in the left eye. They took a series of x-rays, and at that time I was not fully conscious. I started to come to, when I felt the coldness of the platform or table they had put me on. I realized something was wrong with my eyes at the moment I started to come to. When he started to insert the stitching

Page 2  
Sirhan  
8/18/67

PRESENT ILLNESS cont'd:

needle in my eye and I more or less was much against that. I didn't like the stitch to be put there. He insisted that it was necessary. I didn't know the gravity of the wound, but I thought it wasn't necessary to be stitched. I couldn't see myself, and he just told me it was necessary. He wanted to keep me in the hospital for a week, but I didn't like the idea. I did stay overnight."

As the history will indicate, the patient rambled a bit. I asked the patient what he knew about sand being in his eyes after the accident and this was his reply.

"Dr. Nelson- when he put the stitches in my eye I couldn't open the eye to see anybody due to the sand in my eye. I had to tell Dr. Nelson to remove the sand, but he told one of the nurses afterwards and she took care of that."

With regard to the subsequent treatment received, the patient was a little vague. Having reviewed the medical file, it was apparent that the patient had been treated for a short period of time and discharged by Dr. Nelson, and he then returned to Dr. Nelson with complaints, and the latter referred him to an eye, ear, nose and throat specialist, Dr. Paul Nilsson. When I asked the patient about this point, this is what he said.

"They were trying to arrange that date, appointment date, between Dr. Nelson and Dr. Nilsson, then we had to o.k. that through the office which took about two weeks or so. It was a matter of trying to get an agreement. Dr. Nelson apparently considered me discharged because when I went down to see him again he instructed his secretary to contact the company to reopen the account, and he did not see or treat me after that until he received the o.k. from the company."

The patient further stated:

"Dr. Nilsson didn't do anything. He just put some instrument in my ear and up my nose and gave me some pills which really didn't do a thing. He referred me to the specialist, Dr. Milton

Page 3  
Sirhan  
8/18/67

PRESENT ILLNESS cont'd:

Miller. He again gave me tests and didn't do anything as far as treatment. I was under his care three or four visits. About a month later he said I should see Dr. Kiehn, because I told him I had moved from Corona and back to my original address.

First of all he (Dr. Kiehn) asked if there were any broken bones in this region. I told him I did not know. He ordered x-rays taken. He gave me a small tube of some lubricant and that was a sample type, and I used it, and it ran out within a week. It didn't seem to help much. He didn't say anything at all."

I also asked the patient about the recommendation of Dr. Kiehn that he be seen by a neurosurgeon named Dr. Robert Fiskin. The patient summarized this situation in the following way:

"That was a very abortive attempt by Dr. Kiehn. I waited three months after Dr. Kiehn told me. It hasn't come. I never saw the neurosurgeon. I never received the notice from the insurance company. He (Dr. Kiehn) hasn't discharged me, he said until I see the neurosurgeon, and as yet I have not seen him, so how can I go back to him."

With regard to the patient's present symptoms, he alleges the following:

"Very much facial discomfort. The eye I can't rotate it, too tight. I can't look in both directions as I used to, depending on the position of my head. I can't shift the gaze back and forth. I never did complain about the vision. I seem to fail the side vision."

The patient further indicated that there had been no improvement in his condition since his accident.

PAST HISTORY

The patient denied any history of a significant eye injury or disease prior to the above date of injury.

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Sirhan  
8/18/67

PAST HISTORY cont'd;

According to the patient an unrestricted Motor Vehicle Operator's license was issued to him in 1965 in Pasadena, California.

FAMILY HISTORY

The patient denies any familial history of ocular disease.

REVIEW OF MEDICAL FILE

The following records were submitted for my review at the time of examination.

1. Doctor's First Report of Work Injury dated October 6, 1966, Richard A. Nelson, M. D.
2. Doctor's First Report of Work Injury, November 8, 1966, Richard A. Nelson, M. D.
3. Doctor's First Report of Work Injury, November 22, 1966, Paul Nilsson, M. D.
4. Doctor's First Report of Work Injury, April 3, 1967, E. Gordon Kiehn, M. D.
5. Letter to Argonaut Insurance Company, April 4, 1967, E. Gordon Kiehn, M. D.
6. Letter to Argonaut Insurance Company, October 26, 1966, Richard A. Nelson, M. D.

The initial report of Dr. Richard A. Nelson indicates that the injury was limited to a small laceration of the left upper eyelid. In addition there was sand in both eyes. Subsequent evaluation by Dr. Nilsson confirmed these findings and failed to demonstrate the presence of any significant ocular injury.

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Sirhan  
8/18/67

REVIEW OF MEDICAL FILE cont'd:

The report of Dr. Kichn is in general negative, however, he comments on an "Inconstant" constriction of the visual field and in addition refers to a fibrotic band in the left upper eyelid which he feels maybe the cause of the patient's ill defined symptoms. He further intimates that this condition might require surgery.

There are no other ophthalmological reports of significance in the file.

EXAMINATION

|        |       |       |                 |
|--------|-------|-------|-----------------|
| Vision | 20/20 | Hear: | J-2 (Right eye) |
|        | 20/20 |       | J-2 (Left eye)  |

External Structures: There is no apparent scarring of either eyelid. The ocular adnexae and globes are grossly negative.

Extra Ocular Muscles: Grossly intact. No diplopia demonstrated.

Pupils: Round, regular and equal with normal reactions.

Tactile Tensions: Both eyes: Not elevated.

Fundi: The pupils were dilated; the fundi were studied with both direct and indirect ophthalmoscopy. They were found to be consistent with the stated age (23)

Slit Lamp: Cornea, anterior chamber, lens, and anterior vitreous not remarkable.

Refraction: No significant refractive error demonstrated.

Visual Field Screening: The visual fields of this patient were investigated using four different methods. Initially the patient was checked with the visual field screening device which indicated the right eye was normal and the left eye had some peripheral constriction.



Page 6  
Sirhan  
8/13/67

EXAMINATION cont'd:

Visual Field Screening cont'd:

The examination was then repeated at the tangent screen using both the 4/1000 and 2/1000 white targets. This demonstrated marked constriction of both visual fields, but more so in the left eye than in the right. It should be noted that the amount of constriction with the two different targets was not proportional to the size of the target used. The examination was then concluded using the standard perimeter. This test showed moderate constriction of the right field and marked constriction of the left field. When the various fields are compared, it is obvious that the results are highly inconsistent and in no way could be related to any organic process involving either the eyes or the intra-cranial visual pathways.

Stereopsis: Patient has normal binocular function.

DIAGNOSIS

Essentially normal eye examination.

COMMENTS

Based on my examination, the history obtained, and the medical records presently available, I do not believe that this patient sustained any permanent disability as a result of the accident of September 25, 1966.

The injury to the left upper eyelid referred to in other medical examination is not demonstrable at the present time, and I strongly advise against any attempt to resort to surgical intervention. This patient, in my opinion, has the right combination of factors to warrant extreme conservatism in utilizing any therapy of this nature. Namely he has ~~no symptoms~~

Page 7  
Sirhan  
8/18/67

which are not organic in origin, and in addition has no proof whatsoever that any foreign material is retained in the left orbital area.

With regards to the symptoms alleged by this patient, there is nothing whatsoever in the patient's examination to substantiate a claim of an organic injury. As noted above, nearly all the subjective tests of visual function have clearly demonstrated a pattern of inconsistency which negates the possibility of any injury to the eyes or the intra-cranial visual pathways.

#### CONCLUSIONS

As a result of the above reported injury this patient did not sustain a permanent disability involving his eyes. No further medical treatment is indicated as the patient's condition is not industrially related.

I wish to thank you for this referral; should there be any unanswered questions regarding this case, please do not hesitate to call on me.

Very truly yours,

Albert Taskan, M. D.

AT/rs  
Encl.

# ARGONAUT INSURANCE

FROM

*Garner*

DATE

*8-16*

19

*67*

POLICY #

POLICY TERM

CLAIM #

*IX-203445*

INJURED

INSURED

CONVERSATION WITH

*Dr. Garner will not  
take for exam only*

Ray Cummings AT 7-28-67  
McKaugher Evans  
SUBJECT: Arthur Surban & Altpillisch Const. Co. Inc.  
2X-203445 DATE

Yours of 7/24/67 re Coverage - Insured  
Raisa Stock farm @ Citrus & ~~near~~  
& Cleveland Dues in Norco, Calif.  
He is engaged in the operation of a  
race horse thoroughbred farm. The policy  
is Altpillisch Construction Company, Inc.  
There is no DBA

793

ARGONAUT INSURANCE

PLEASE REPLY TO 1

SIGNED

*Sam Stiner*

Use Reverse Side for New Reply E.O. 14176

## ARGONAUT INSURANCE

TO \_\_\_\_\_ FROM \_\_\_\_\_ DATE 7-27 1967  
INJURED \_\_\_\_\_ POLICY # \_\_\_\_\_  
INSURED \_\_\_\_\_ POLICY TERM \_\_\_\_\_  
CONVERSATION WITH \_\_\_\_\_ CLAIM # \_\_\_\_\_

714-737-589 ✓ - Dr. Nelson

No indications on records that the  
man was unconscious - she also  
checked the hospital. She will  
talk to Dr. Nelson & send us a  
note to this effect.

794

# ARGONAUT INSURANCE

TO Robbins FROM \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_  
 INJURED \_\_\_\_\_ POLICY # \_\_\_\_\_  
 INSURED \_\_\_\_\_ POLICY TERM \_\_\_\_\_  
 CONVERSATION WITH \_\_\_\_\_ CLAIM # \_\_\_\_\_

*Please return file to Egan for*

*Spec Exam ✓*

*WCAB*

*Letter to assured ✓*

*Reopen*

*Subp records*

795



McLAUGHLIN, EVANS, DALBEY & CUMMING

ATTORNEYS AT LAW

1717 NORTH HIGHLAND AVENUE, SUITE 710

LOS ANGELES, CALIFORNIA 90028

(213) 466-8541

JOHN F. McLAUGHLIN

BARRY F. EVANS

WM. BLAIR DALBEY

RAY B. CUMMING

HAROLD J. BENNETT

NEO L. GAYLORD

JOHN F. BARTOS

GEORGE R. HASWELL

ALLAN R. SCHUMMER

ROBERT H. GILLHAM

July 20, 1967

2024/5

Workmen's Compensation Appeals Board  
107 South Broadway  
Los Angeles, California

Re: SIRHAN SIRHAN v. ALTFILLISCH CONSTRUCTION COMPANY  
WCAB File No. Appl. dated: July 10, 1967  
Hearing Date:

Gentlemen:

Your attention is respectfully invited to the following:

- ( ) Attached please find duly-executed Compromise & Release for your approval.
- ( ) Request is hereby made for further hearing to permit cross-examination of and presentation of rebuttal evidence.
- XX ) Please enter our appearance as attorneys for ARGONAUT INSURANCE COMPANY
- ( ) Please set case for trial as there are now issues in contest.
- XX ) Attached for filing herein are:

MEDICAL REPORTS:

E. Gordon Kiehn, M.D.  
E. Gordon Kiehn, M.D.  
Paul Nilsson, M.D.  
Richard A. Nelson, MD.  
Richard A. Nelson, M.D.  
Richard A. Nelson, M.D.

April 4, 1967  
April 3, 1967  
November 22, 1966  
November 8, 1966  
October 26, 1966  
October 6, 1966

ANSWER

Copies to:

Very truly yours,

Palmer & Toomer  
16 N. Marengo Ave., Pasa

McLAUGHLIN, EVANS, DALBEY & CUMMING

Argonaut Insurance Company  
Claim No: 2X 2-3445

By:

Ray B. Cumming

McLAUGHLIN, EVANS, DALBEY & CUMMING

ATTORNEYS AT LAW

1717 NORTH HIGHLAND AVENUE, SUITE 710  
LOS ANGELES, CALIFORNIA 90028

AREA CODE 213  
TELEPHONE  
466-8541

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RAY B. CUMMING

HAROLD J. BENNETT  
NED L. GAYLORD  
JOHN F. BARTOS  
GEORGE R. HASWELL  
ALLAN R. SCHUMMER  
ROBERT H. GILLHAM

July 24, 1967

Argonaut Insurance Company  
4431 Shatto Place  
Los Angeles, California

Attention: R. J. Robbins; Claims Examiner

RE: Sirhan Sirhan v. Granja Vista Del Rio  
2X-203445  
D/A: September 25, 1966

Gentlemen:

We have reviewed the above case referred to our office on July 20, 1967. We note the application lists the employer as Granja Vista Del Rio whereas the employer's report refers to Altfillisch Construction Company. You have indicated you insured this particular construction company but did you also insure Granja Vista Del Rio?

If you do in fact cover this entity, then we recommend you immediately send a letter to the applicant advising him that all medical treatment is authorized by either Dr. Gardner or Dr. Weaver, or whenever you intend to use for this purpose. You should also advise him that any other medical treatment will be on a self-procured basis.

The application requests temporary disability indemnity but alleges only various periods of disability without specifying. We suggest you secure a report from applicant's superior as to whether or not he performed his regular duties after September 25, 1966, that is, if he continued to work for them.

If you wish to set up another examination with Dr. Garner, we can undoubtedly secure the applicant's attorney's cooperation in compelling his client to attend.

Very truly yours,

McLAUGHLIN, EVANS, DALBEY & CUMMING

787

By:

Ray B. Cumming

RBC:fg

# ARGONAUT INSURANCE

TO \_\_\_\_\_ FROM John D DATE 7-27 19 67  
 INJURED \_\_\_\_\_ POLICY # \_\_\_\_\_  
 INSURED \_\_\_\_\_ POLICY TERM \_\_\_\_\_  
 CONVERSATION WITH \_\_\_\_\_ CLAIM # EX-203445

114-737-5375 - Lawrence Kravis -  
 Closing 9/25/66 - Rtd 10/5/66 as he was paid  
 3 days ending pay period 10/8/66  
 with full week ending 10/15 - 10/22 - 10/29  
 11/5 + 11/12/66 - exp 11/13/66 + the Thinks event  
 to work for a Mr. Wheeler @ Race Track.

798

TO Ray Cumming McRue Ellis Evans  
SUBJECT Nirbanu, Sirhan & Altfeldish Fulton DATE 7-27-67  
21-203445

In attaching way info from insured  
I called & spoke to Labrad Evans and  
found that after 9/25/66 injury - Cls  
returned to work on 10/5/66. He  
worked full weeks ending 10/15/66  
11/2 - 10/29 - 11/5 & 11/12/66. He left their  
employ 11/13/66 & she then went to  
work for a Mr. Wheeler at the Race Track.  
Dr. Gasper has never seen this Cls - the  
app was cancelled.

ARGONAUT INSURANCE

PLEASE REPLY TO ☒

SIGNED Paul Stines

Use Reverse Side for Your Reply

AT



# American Insurance Companies

July 20, 1967

Altshillisch Construction Company, Inc.  
Box 3590, Route 1  
Corona, California

Claim No.: OEX 203445  
Claimant: Sirhan Sirhan  
Date of Injury: 9/25/66

Gentlemen:

As you know, Mr. Sirhan has filed an application with the Workers' Compensation Appeals Board, contending that as a result of his employment with your company, he sustained an injury to his left eye and lower back on 9/25/66.

In order for us to be able to defend your company in an adequate manner, there is certain information that we must request of you and ask that you submit same to us as soon as possible.

We would appreciate your submitting to us a complete employment record as to when Mr. Sirhan was hired, when he was terminated, if terminated, the reason for his leaving your company, the amount of wages he received in the period of time he was employed by your company, and what periods of time he worked for you subsequent to his injury of 9/25/66, and if you have any knowledge of a previous injury to his lower back or left eye.

In anticipation of an early reply, we thank you for your fine cooperation in the handling of this matter.

Very truly yours,

R. J. Robbins  
Claims Examiner

RJR:laf

cc: McLaughlin, Frame, Bailey & Gursing

# Granja Vista Del Rio

BOARDING  
LAY UPS  
SALES PREPARATION



BREAKING  
TRAINING  
YEARLINGS CONDITIONED

OFFICE (714) 737-5375

13200 CITRUS AVENUE

CORONA, CALIFORNIA

MAILING ADD.: RT. 1, BOX 1598

July 21, 1967

R. J. Robbins, Claims Examiner  
Argonaut Insurance Co.,  
1445 Shatto Place  
Los Angeles, California 90005

Dear Mr. Robbins:

In answer to your letter, July 20th, we submit  
the following:

Re/ Claim # 02X 203445  
Elaimant Sirhan Sirhan  
Date of Injury 9/25/66

The Claimant was hired 6/2/66 @ \$250.00 per mo.  
Raises: 6/26 @ \$275.00 " "  
7/31 @ \$300.00 " "  
8/21 @ \$350.00 " "  
9/18 @ \$375.00 " "

Total Wages Paid \$1797.56

Left employ 11/13/66 voluntarily for other employment.

Returned to work 12/1/66 voluntarily @ \$375.00  
Left employ 12/10/66 voluntarily for other employment.

We have no knowledge of previous injuries.

Sincerely yours,

*Altfillisch Construction Co.*  
Altfillisch Construction Co.  
DBA/ Granja Vista Del Rio  
ACC/llk

802

*Ally*  
*7/27/67*



## LEGAL PREPARATION SHEET

CLAIM NO. 9 02X-203445 7/5/67 TOTAL MEDICAL PAID 350.10  
(DATE OF INJURY)  
CLAIMANT'S NAME SISMAN, STEVE TOTAL INDEMNITY PAID NCL  
NAME OF ASSURED ALTFILLISON CONSTRUCTION COMP. WEEKLY RATE \_\_\_\_\_  
PERIODS COVERED \_\_\_\_\_  
ADVANCES on P.D. or C.&R. \_\_\_\_\_

☐ Individual ☐ Co-partnership  
☒ Corporation ☐ Joint Venture

POLICY PERIOD 1/1/66-67 PRODUCER MILLER & AMES OF CALIF.

Apparent Reasons For Litigation  
(CIRCLE NUMBER OF REASON BELOW)

1. Compensation not paid because of—  
(a) No employer's report  
(b) No doctor's report
2. Temporary disability terminated by doctor and claimant disagrees
3. Permanent disability prematurely claimed
4. Advisory rating for P.D. not acceptable
5. Further medical sought by employee
6. Injury A.O.E. and/or C.O.E.
7. Statute of limitations
8. Coverage for employer or this employee
9. Employment or employer identity disputed
10. Dependency or identity of dependents
11. Other

## Preparation For Hearing

Date Hearing Set AO  
IAC No. UNKNOWN LA  
Date Application Rec'd 7/11/67  
Date File Sent to Counsel 7-19-67  
Has medical been filed with Commission and served? \_\_\_\_\_  
Further medical:  
1. Not necessary \_\_\_\_\_  
2. You arrange \_\_\_\_\_  
3. We have arranged \_\_\_\_\_  
(a) By: Dr. \_\_\_\_\_  
(b) Date: \_\_\_\_\_  
Is case otherwise ready for litigation? \_\_\_\_\_

REMARKS BY CLAIM EXAMINER: *We arranged one special report. Claimant filed to sign it. He has apparently gone away as we have a report of Dr. Richman who we did not receive. He state special was signed by Dr. Miller, also another doctor. This report from Dr. Miller and report coming from him. We have communication and evaluation. These reports are not at all helpful and we have that full amount under from Sir. Argonaut Insurance Company*

(CLAIM EXAMINER)

(DO NOT WRITE BELOW THIS LINE)

Issues  
1. Unidentified \_\_\_\_\_  
2. Disability \_\_\_\_\_  
3. Medical \_\_\_\_\_  
4. Injury \_\_\_\_\_  
5. Statute \_\_\_\_\_  
6. Earnings \_\_\_\_\_  
7. Occupation \_\_\_\_\_  
8. Coverage \_\_\_\_\_  
9. Employment \_\_\_\_\_  
10. Dependency \_\_\_\_\_  
11. \_\_\_\_\_

803

Time \_\_\_\_\_

Date \_\_\_\_\_

Witnesses \_\_\_\_\_

ERNEST A. PALMER, JR.  
ANNE P. TOOMER

PALMER AND TOOMER  
ATTORNEYS AT LAW  
CITIZENS BANK BUILDING  
16 NORTH MARENGO AVENUE  
PASADENA, CALIFORNIA 91101

TELEPHONE  
796-2086  
684-2337

July 10, 1967

WORKMEN'S COMPENSATION APPEALS BOARD  
4107 Los Angeles State Office Building  
107 South Broadway  
Los Angeles, California 90012

Re: *20.26* *McLaughlin*  
*Evans*  
William D. Sirhan vs. Granja Vista Del Rio

Gentlemen:

Please file the items which have been checked below:

- ( ) Original and 6 copies of Application.
- (X) Please set this matter down for hearing.
- ( ) Please place this matter on an off-calendar basis.
- ( ) Certificate of Readiness.
- ( ) Medical report of \_\_\_\_\_, M.D., dated \_\_\_\_\_, 19\_\_\_\_\_, together with his Statement in the amount of \$\_\_\_\_\_, and his Notice and Request for Allowance of Lien.
- ( )

Copies have been served as indicated.

Very truly yours,  
PALMER AND TOOMER

By \_\_\_\_\_  
Anne P. Toomer

cc:

ARGONAUT INSURANCE COMPANY

# ARGONAUT INSURANCE

TO \_\_\_\_\_ FROM RR DATE 7/10 1967  
 INJURED Lisa R. Liss POLICY # \_\_\_\_\_  
 INSURED \_\_\_\_\_ POLICY TERM \_\_\_\_\_  
 CONVERSATION WITH Toomer & Toomer CLAIM # 2, 2145

Referred to Dr. Keene by Dr. Miller. → Anna Toomer  
 A.D. Keene - in Pasadena 084-2030  
 Get a copy of Keene's report 16 No Mornings  
 → Pasadena 7/10/1  
 Send med. R. - app. atty.

CAUSE APPEARING:

application herein  
on off calendar.

Department of Industrial Relations  
Division of Industrial Accidents  
Workmen's Compensation Appeals Board  
State of California

APPLICATION  
FOR ADJUDICATION OF CLAIM

CASE NO.

file signed original and six copies  
of type names and addresses

~~XXXX~~ SIRHAN B. SIRHAN  
(INJURED EMPLOYEE)

Security No. [REDACTED]

696 East Howard

(INJURED EMPLOYEE'S ADDRESS)

Pasadena, California

(APPLICANT IF OTHER THAN INJURED EMPLOYEE)

(APPLICANT'S ADDRESS)

VS.

JA VISTA DEL RIO

(EMPLOYER)

Box 159B, Route 1

(EMPLOYER'S ADDRESS)

Corona, California

NAUT INSURANCE COMPANY

(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR  
PERMISSIBLY UNINSURED)

1001 Wilshire, Boulevard

(ADDRESS OF INSURANCE CARRIER, IF ANY)

Los Angeles, California

CLAIMED THAT:

he injured employee, born 3-19-44, while employed as a exercise boy

(DATE OF BIRTH)

(OCCUPATION AT TIME OF INJURY)

on 9-25-66 at Corona, California, by the employer sustained injury arising out

(DATE OF INJURY)

(CITY)

(STATE)

of and in the course of employment to left eye, lower back

(STATE WHAT PARTS OF BODY WERE INJURED)

the injury occurred as follows: thrown off filly while exercising her; breezing her

(EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)

at full speed

actual earnings at time of injury were: \$375 per month

(GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

(SEPARATELY STATE VALUE PER WEEK OR MONTH OF TIPS, MEALS, LODGING OR OTHER ADVANTAGES REGULARLY RECEIVED)

the injury caused disability as follows: various periods

(SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

compensation was paid X \$ (YES) (NO) (TOTAL PAID) (WEEKLY RATE) (DATE OF LAST PAYMENT)

medical treatment was received X 4-6-67 All treatment was furnished by the employer or insurance

(YES)

(NO)

(DATE OF LAST TREATMENT)

company X other treatment was provided or paid for by (NAME PERSON OR AGENCY PROVIDING OR PAYING FOR MEDICAL CARE)

(YES)

(NO)

Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are

(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

Unemployment Insurance or Unemployment Compensation Disability benefits have been received since the date of injury. X

(YES)

(NO)

Other cases have been filed for industrial injuries by this employee as follows: none

(SPECIFY CASE NUMBER AND CITY WHERE FILED)

This application is filed because of a disagreement regarding liability for: Temporary disability indemnity X Permanent disability indemnity X Reimbursement for medical expense X Medical treatment X Compensation at proper rate X  
Other Specify: and applicant requests a hearing and award of the same, and for all other appropriate benefits provided by law.

Hearing requested at Los Angeles, Dated at Pasadena, California, July 10, 1967

(CITY)

(CITY)

(DATE)

Number of witnesses Pre-trial wanted X

(YES)

(NO)

Estimated time of trial SIRHAN B. SIRHAN

(APPLICANT'S SIGNATURE)

Set now X Set later on written request: PALMER & TOOMER

(APPLICANT'S ATTORNEY)

806 North Marango Ave., Pasadena, Calif.

(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

796-2086 & 684-2430

## ARGONAUT INSURANCE

TO \_\_\_\_\_ FROM \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_  
INJURED \_\_\_\_\_ POLICY # \_\_\_\_\_  
INSURED \_\_\_\_\_ POLICY TERM \_\_\_\_\_  
CONVERSATION WITH \_\_\_\_\_ CLAIM # \_\_\_\_\_

*Call Weaver & Conell agent for 6/14/67*

807

# ARGONAUT INSURANCE

TO W. J. Johnson FROM W. J. Johnson DATE 6-2 1945  
INJURED \_\_\_\_\_ POLICY # \_\_\_\_\_  
INSURED \_\_\_\_\_ POLICY TERM \_\_\_\_\_  
CONVERSATION WITH \_\_\_\_\_ CLAIM # 0-03445

Dr. Sherman's office calling about  
surround bill.

Being held in back of pro

Please advise.

308



## ARGONAUT INSURANCE

|                                    |                      |                  |              |
|------------------------------------|----------------------|------------------|--------------|
| FROM <u>Pahlin</u>                 |                      | DATE <u>5/23</u> | 19 <u>67</u> |
| INJURED <u>Sirhan Sirhan</u>       | POLICY #             |                  |              |
| INSURED                            | POLICY TERM          |                  |              |
| CONVERSATION WITH <u>D. Weaver</u> | CLAIM # <u>12305</u> |                  |              |
| <u>Send home book</u>              |                      |                  |              |
| <u>Did not show for appt.</u>      |                      |                  |              |
| 009                                |                      |                  |              |

FOR THE ATTENTION OF

WRITE IT  
Don't Say It!

REPLY REQUESTED

FOR CORRESPONDENCE BETWEEN DEPARTMENTS

SUBJECT

*Sirkau Sirkau*

DATE

*4-24-67*

*This note was sent in mail to us. If you know patient's present address would you please mail it on to him. We do not know his whereabouts since he left our employ last year.*

*Sincerely,*

*Lawrence*

GRANJA VISTA DEL RIO  
RT. 1 BOX 159-B  
CORONA, CALIFORNIA 91720

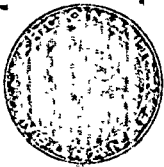
*Belger*

*W. H. [unclear]  
[unclear]*

810

BLACK CAT FORM 328 Y2

Signed



# Argonaut Insurance Companies

April 21, 1967

Mr. Sirhan Sirhan  
c/o Route 1  
Box 159B  
Corona, California



DIRECT REPLY TO  
OFFICE CHECKED BELOW:

- 250 MIDDLEFIELD ROAD  
MENLO PARK, CALIF. 94025 ☐
- 350 CALIFORNIA STREET  
SAN FRANCISCO, CALIF. 94106 ☐
- 443 SHATTO PLACE  
LOS ANGELES, CALIF. 90005 ☐
- 1350 VISTA AVE., BOX 4405  
BOISE, IDAHO 83705 ☐
- 7600 CARPENTER FREEWAY  
DALLAS, TEXAS 75247 ☐
- NORTHWESTERN BANK BLDG.  
MINNEAPOLIS, MINNESOTA 55402 ☐
- 221 NORTH LA SALLE ST.  
CHICAGO, ILLINOIS 60601 ☐
- 514 SOUTHWEST SIXTH AVE.  
PORTLAND, OREGON 97204 ☐
- 1180 RAYMOND BOULEVARD  
NEWARK, NEW JERSEY 07102 ☐
- 1422 WEST PEACHTREE ST.  
ATLANTA, GEORGIA 30309 ☐
- 529 GRAVIER ST.  
NEW ORLEANS, LA. 70130 ☐

RE: Claim No. : 02X 203445  
Employer : Altfillisch Constr. Co., Inc.  
Employee : Sirhan Sirhan  
Date Inj. : 9/25/66

An appointment for special examination has been made for you on:

Date : Friday, May 19, 1967

Time : 10:00 AM

Office of: John T. Garner, M. D.  
744 Fairmont Avenue  
Pasadena, California  
Phone: 681-7028

Please make arrangements to be present at the appointed time. If you are unable to do so, advise this office and another appointment will be made for you.

Very truly yours,

*R. T. Robbins*  
R. T. Robbins

CLAIMS DEPARTMENT

J  
cc: John T. Garner, M. D.

311

CLM-1912-R2



# Argonaut Insurance Companies

April 21, 1967

UK.  
Mr. Sirhan Sirhan  
c/o Route 1  
Box 1598  
Corona, California

CER 203445  
Argonaut Constr. Co., Inc.  
Sirhan Sirhan  
9/25/66

Priority, May 19, 1967

10:00 AM

John T. Gattner, H. D.  
744 Palmdale Avenue  
Palmdale, California  
Phone: 681-7023

R. T. Robbins

3  
cc: John T. Gattner, H. D. P. S.: Restme enclosed. Please examine, and  
forward four copies of your report.

312

E. Gordon Kiehn, M.D.

SUITE 203  
48 NORTH EL MOLINO AVENUE  
PASADENA, CALIFORNIA 91101  
TELEPHONE 449-6494

April 4, 1967

Aironaut Insurance Company  
1001 Wilshire Blvd.  
Los Angeles, California

Re: Mr. Sirhan Sirhan

Gentlemen:

Mr. Sirhan came to this office on February 21, 1967, having been referred to me by Dr. Milton A. Miller of Ontario. The history of the case as I received it from the patient is briefly as follows:

The patient exercised the horses at the Granja Vista Del Rio ranch in Corona. On September 24, 1966, he was thrown from his horse and suffered injuries around the left eye. He thinks he was unconscious for a brief time. He was seen at the Corona hospital by a Dr. Richard Nelson and the wounds around the eye were sutured. In addition to the wound around the eye he had a wound under the chin. This was also sutured. Four days later the sutures were removed. He suffered a brief injury again a few days after the initial injury and the wound edges separated a little bit. He was unaware of any eye problems until he began exercising the horses again. He noticed at this time that he had to move his head from left to right in order to see well on either side. This loss of side vision has definitely improved but he still has some difficulty. This is especially noticeable in the left eye. Because of his eye complaints he was referred to a Dr. Nelson of Corona and following this Dr. Milton A. Miller of Ontario. I do not have Dr. Miller's reports so I am unaware of exactly what his findings were. At the present time Mr. Sirhan's complaints primarily are as follows:

He notices that he has some twitching of the eyelid when he looks to the left. This involves the left eyelid primarily. He also has the same type of twitching when he wrinkles his forehead or makes facial movements. He has had no subsequent unconscious attacks, no dizziness, no weakness of either arms, hands, legs or feet. He complains of a persistent pain in the superior nasal aspect of the left orbit. My examination was as follows:

His vision was found to be 20/20 in either eye uncorrected. He had no significant refractive error. Extraocular muscles were found to be intact.

Argonaut Insurance Company

Page 2.

the pupils were round, were regular, and reacted well to light and accommodation. The patient's eyes were dilated and an examination of the fundus was performed. No significant abnormalities were found. Examination was performed both with the direct and indirect ophthalmoscope. Slit lamp examination showed no flare or cells in either eye. Both lenses are clear and the media appeared clear. Visual field examination indicates a full field with a moderate amount of general constriction in the left field. This constriction is inconstant. The patient's wounds are well healed, however there is a persistent tenderness over the superior orbital ridge medially and there is a small amount of fullness in this area remaining. The tenderness is medial to the supra-orbital notch and is apparently aggravated when the patient looks both to the left and upward to the left. There is a fibrotic band extending from this general area downward to the area just below the lower canthal ligament. He claims that this makes him have a rather tight sensation when he looks to the left. I could demonstrate no abnormal diplopia, in fact my findings are remarkably negative with the exception of the tenderness and the subcutaneous band which I mentioned. At the present time, I do not feel like operating on the area which is described, and releasing this band. I feel that we should wait for a period of about one month yet. At the time of releasing this subcutaneous band I believe it would be advisable to investigate the original wound area for the possibility of a foreign body reaction giving him the persistent pain which he feels and is described above. X-Rays ordered by me have indicated no evidence of a foreign body, no evidence of any fractures in and about the orbit, and said X-Rays are essentially negative. The X-Rays were taken by Dr. Robert Freeman, of this address. I shall see Mr. Sirhan again and repeat visual field tests to make sure that there is no recurrent abnormality. Inasmuch as he was unconscious and had not been seen by a neurologist or a neurosurgeon I believe it would be advisable to have him seen by a neurosurgeon to rule out any damage to the brain that might have occurred at the time of this injury. I have usually referred my patients to a Dr. Robert Fiskin, of 960 E. Green St., Pasadena. He is a well-qualified neurosurgeon and if you have no objection I would respectfully request your referral of Mr. Sirhan to Dr. Fiskin for such an evaluation.

I trust this will give you an up-to-date accounting of Mr. Sirhan's problems.

Sincerely,

E. Gordon Kiehn, M.D.

ECK:ra

014

# DOCTOR'S FIRST REPORT OF WORK INJURY

Immediately after first examination mail one copy directly to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 1, and two copies to the insurance carrier. Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.) Answer all questions fully.

A. INSURANCE CARRIER: Argonaut Insurance Company, 1001 Wilshire Blvd., Los Angeles, Calif.

1. EMPLOYER: Granja Vista Del Rio - Altfillisch Const. Company  
 2. Address (No. and Street): 13200 Citrus City: Corona, Calif.  
 3. Business: (Manufacturing shoes, building construction, retailing men's clothes, etc.) Ranch

DO NOT WRITE IN THIS SPACE

4. EMPLOYEE (First name, middle initial, last name): Mr. Sirhan Sirhan S.S. No. [REDACTED]  
 5. Address (No. and Street): 696 E. Howard St. City: Pasadena, California  
 6. Occupation: Exercises horses Age: 22 Sex: Male Marital Status: Single  
 7. Date injured: Sept. 24, 1966 Hour: 7:30A M Date last worked: Off two weeks  
 8. Injured at (No. Street and City): 13200 Citrus County: [REDACTED]  
 9. Date of your first examination: Feb. 21, 1967 Hour: 9:00A M Who engaged your services? Milton A. Miller, Ontario  
 10. Name other doctors who treated employee for this injury: Richard Nelson, M.D.

11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury? Yes Employee's statement of cause of injury or illness:  
Was thrown from horse while exercising same.

12. NATURE AND EXTENT OF INJURY OR DISEASE (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures)  
Please see attached report.

13. X-RAYS: By whom taken? (State if none)  
 Findings: Negative - See attached report.  
Robert Freeman, M.D., 48 N. El Molino Ave., Pasadena, Calif.

14. TREATMENT:  
See attached report.

15. Kind of case (office, home, or hospital): Office If hospitalized, date: [REDACTED] Estimated stay: [REDACTED]  
 Name and address of hospital: [REDACTED]  
 16. Further treatment (estimated frequency and duration): See attached report.  
 17. Estimated period of disability for: Regular work: Not disabled. Modified work: [REDACTED]  
 18. Describe any permanent disability or disfigurement expected (state if none): See attached report.  
 19. If death ensued, give date: [REDACTED]

20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information)  
[REDACTED]

015

Name: Gordon Klehn, M.D. (Type or Print) PERSONAL SIGNATURE OF DOCTOR: [Signature]

Date of report: 4-3-67 Address (No. Street and City): 48 N. El Molino Ave., Pasadena, California 91101



FILL OUT AND  
FORWARD 1 COPY  
IMMEDIATELY AFTER  
FIRST SEEING  
PATIENT

# DOCTOR'S FIRST REPORT OF WORK INJURY

STATE OF CALIFORNIA

~~EMPLOYER'S COMPENSATION INSURANCE FUND~~

~~PROVIDED BY THE STATE OF CALIFORNIA~~

# 02X-20344

Also, immediately after first examination mail one copy directly to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 94101  
Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.)

Answer all questions fully. ABIGAIL INSURANCE CO., 1001 Wilshire Blvd., Los Angeles, Calif.

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. EMPLOYER <u>Granja Vista del Rio Altaville Construction Co.</u>                                                                                                                                                                                                                                                                                                                                                                    | Do not write in this space |
| 2. Address (No., St., City) <u>Box 1503 R - 1 Corona, California</u>                                                                                                                                                                                                                                                                                                                                                                  |                            |
| 3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.)                                                                                                                                                                                                                                                                                                                                               |                            |
| 4. EMPLOYEE (First name, middle initial, last name) <u>Sirhan Sirhan</u>                                                                                                                                                                                                                                                                                                                                                              | SOCIAL SECURITY NO.        |
| 5. Address (No., St., City) <u>694 East Friend Pasadena, California</u>                                                                                                                                                                                                                                                                                                                                                               |                            |
| 6. Occupation <u>Boxer trainer</u> Age <u>22</u> Sex <u>Male</u>                                                                                                                                                                                                                                                                                                                                                                      |                            |
| 7. Date injured <u>9-25-66</u> Hour <u>0130 A.M.</u> Date last worked <u>9-25-66</u>                                                                                                                                                                                                                                                                                                                                                  |                            |
| 8. Injured at (No., St., City) <u>on the job</u> County <u>Alameda</u>                                                                                                                                                                                                                                                                                                                                                                |                            |
| 9. Date of your first examination <u>9-25-66</u> Hour <u>0130 A.M.</u> Who engaged your services?                                                                                                                                                                                                                                                                                                                                     |                            |
| 10. Name other doctors who treated employee for this injury                                                                                                                                                                                                                                                                                                                                                                           |                            |
| 11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury? <u>Yes</u> Employee's statement of cause of injury or illness: <u>I was thrown from a race horse this morning.</u>                                                                                                                                                                                                                                             |                            |
| 12. NATURE AND EXTENT OF INJURY OR DISEASE (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures.)<br><u>Laceration of left upper eye lid; Bilateral foreign bodies (sand) in eyes; laceration of chin, complex, 5 cm. total length; large contusion of cervical back; extensive contusion of left hand and multiple abrasions.</u> |                            |
| 13. X-rays: By whom taken? (State if none) <u>Yes, Corona Community Hospital, Corona, Calif.</u><br>Findings: <u>Negative for fractures.</u>                                                                                                                                                                                                                                                                                          |                            |
| 14. Treatment: <u>Emergency care of wound as mentioned above; Repair of laceration under local anesthesia; Medication for pain; hospitalized for further care and observation.</u>                                                                                                                                                                                                                                                    |                            |
| 15. Kind of case (Office, home, Hospital & Office. If hospitalized, date _____ Estimated stay _____<br>Name and address of hospital <u>Corona Community Hospital 820 S. Washburn Ave. Corona</u>                                                                                                                                                                                                                                      |                            |
| 16. Further treatment (Estimated frequency and duration) <u>Daily office calls for two weeks; or as necessary.</u>                                                                                                                                                                                                                                                                                                                    |                            |
| 17. Estimated period of disability for: Regular work <u>2 to 4 weeks</u> Modified work <u>2 weeks</u>                                                                                                                                                                                                                                                                                                                                 |                            |
| 18. Describe any permanent disability or disfigurement expected (State if none) <u>None expected at present.</u>                                                                                                                                                                                                                                                                                                                      |                            |
| 19. If death ensued, give date                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
| 20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information.)<br><u>INDUSTRIAL CASE RE-OPENED.</u><br><u>PATIENT REFERRED TO DOCTOR PAUL NELSON, M.D.</u> 816                                                                                                                                                                                              |                            |

N. 3.—ONLY UNDER EXCEPTIONAL CIRCUMSTANCES WILL A HERNIA BE CONSIDERED DISABLING PRIOR TO OPERATION. THE INJURED SHOULD BE ADVISED TO CONTINUE WORK, IF POSSIBLE, UNTIL NOTIFIED THAT HIS CLAIM IS ACCEPTED.

Name Richard A. Nelson,

Degree M.D.

PERSONAL  
SIGNATURE  
OF DOCTOR

(Type or print)

Date of report 11-8-66

Address (No., St., City) 760 S. Washburn Ave. Corona, Calif.

Tel. No.

210-56370

ROBERT G. FREEMAN, M. D.  
JOHN D. RUTLEDGE, M. D.  
48 NORTH EL MOLINO AVENUE  
PASADENA, CALIFORNIA 91101  
TELEPHONE 795-4381  
RADIOLOGY

210-56370

March 18, 1967

210-56370  
master file

20 3/1/5  
TO

Argonaut Insurance Exchange  
1001 Wilshire Blvd.  
Los Angeles, California

FOR PROFESSIONAL SERVICES

RE: MR. Sirhan Sirhan  
696 E. Howard  
Pasadena, California

definitely  
hold

EMPLOYER: GRANJA VISTA DEL RIO  
32100 Citrus  
Corona, California

INJURED: 11-66 At work

REFERRED BY: E. G. Kiehn, M.D.  
48 N. El Molino  
Pasadena, California

33124

X-RAYS: 2-21-67 Left Orbit #7019 \$16.50

96.22.7

817

SYCAMORE 5-4331

ROBERT G. FREEMAN, M.D.  
JOHN D. RUTLEDGE, M.D.  
48 NORTH EL MOLINO AVENUE  
PASADENA, CALIFORNIA 91101

REPORT ON ROENTGEN EXAMINATION  
OF MR. SIRHAN SIRHAN

AT THE REQUEST OF

E. G. Kiehn, M. D.  
48 N. El Molino, Pasadena

DATE Feb. 21, 1967

LEFT ORBIT & ADJACENT FRONTAL SINUS:

The films provide no evidence of bone injury involving  
the left orbit or para-orbital structures.

*J. D. Rutledge M.D.*

John D. Rutledge, M. D.

R/n

018

THIS REPORT IS BASED SOLELY UPON THE RADIOLOGICAL EXAMINATION  
A CLINICAL EXAMINATION IS ESSENTIAL

# CLAIM ROUTE SLIP

CLAIM NUMBER

6/27/72 X-20 3445

Send file to:

- |                                              |                                                |                                                       |
|----------------------------------------------|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Supervisor          | <input type="checkbox"/> Checkwriter           | <input type="checkbox"/> Reserve & Closing Clerk      |
| <input type="checkbox"/> Clerical Supervisor | <input checked="" type="checkbox"/> Bill Clerk | <input type="checkbox"/> Coverage & Control Clerk     |
| <input type="checkbox"/> Examiner            | <input type="checkbox"/> Make-up Clerk         | <input type="checkbox"/> File Section                 |
| <input type="checkbox"/> Indemnity Clerk     | <input type="checkbox"/> Legal Clerk           | <input type="checkbox"/> Central Control (Accountant) |

## Instructions:

- |                                              |                                                      |
|----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Pay Comp and diary  | <input type="checkbox"/> Make Reserve Change         |
| <input type="checkbox"/> Figure Award & Pay  | <input type="checkbox"/> Make Reopening              |
| <input type="checkbox"/> Pay C & R           | <input type="checkbox"/> Make Up X Case              |
| <input type="checkbox"/> Pay Travel Expense  | <input type="checkbox"/> File Correspondence         |
| <input checked="" type="checkbox"/> Pay Bill | <input type="checkbox"/> Complete & Send Fed. Form # |
| <input type="checkbox"/> Cancel              | <input type="checkbox"/> Stop Payment                |

Prepare & Send  
legal file to:

- |                                         |
|-----------------------------------------|
| <input type="checkbox"/> Litg. Counsel  |
| <input type="checkbox"/> Subro. Counsel |

REMARKS:

Pay bills & Return file to me for bills to Dr.  
Kirsch

Date:

4/21/72

BY

R. Robbins

819



# Argonaut Insurance Companies

May 2, 1967

Mr. Sirhan Sirhan  
C/o Rt 1, Box 159B  
Corona, California

*sent to wrong address*



DIRECT REPLY TO  
OFFICE CHECKED BELOW:

- 250 MIDDLEFIELD ROAD  
MENLO PARK, CALIF. 94025 ☐
- 550 CALIFORNIA STREET  
SAN FRANCISCO, CALIF. 94106 ☐
- 443 SHATTO PLACE  
LOS ANGELES, CALIF. 90005 ☐
- 1350 VISTA AVE. BOX 4405  
BOISE, IDAHO 83705 ☐
- 7600 CARPENTER FREEWAY  
DALLAS, TEXAS 75247 ☐
- NORTHWESTERN BANK BLDG.  
MINNEAPOLIS, MINNESOTA 55402 ☐
- 7271 NORTH LA SALLE ST.  
CHICAGO, ILLINOIS 60601 ☐
- 514 SOUTHWEST SIXTH AVE.  
PORTLAND, OREGON 97204 ☐
- 1180 RAYMOND BOULEVARD  
NEWARK, NEW JERSEY 07102 ☐
- 1422 WEST PEACHTREE ST.  
ATLANTA, GEORGIA 30309 ☐
- 539 GRAVIER ST.  
NEW ORLEANS, LA. 70130 ☐

RE: Claim No. : 02X-203445  
Employer : ADEFFILLISCH CONST. CO. INC.  
Employee : SIRHAN SIRHAN  
Date Inj. : 9/25/66

An appointment for special examination has been made for you on:

Date : Tuesday, May 23, 1967

Time : 11:00 A.M.

Office of: Samuel Weaver, M.D.  
1125 E 17th St  
Santa Ana, Calif.

Phone: KI 2-7489

Please make arrangements to be present at the appointed time. If you are unable to do so, advise this office and another appointment will be made for you.

P.S. Please disregard letter of 4/21/67. The appointment has been cancelled.

Very truly yours,

R. J. ROBBINS  
CLAIMS DEPARTMENT

cc: Samuel Weaver, M.D.

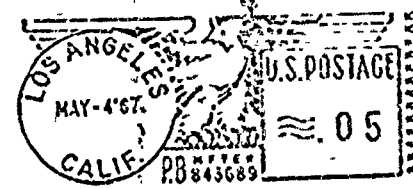
# Argonaut Insurance Companies

443 SHATTO PLACE  
LOS ANGELES, CALIFORNIA 90005

REASON CHECKED  
Undelivered \_\_\_\_\_  
Addressed incorrectly \_\_\_\_\_  
Insufficient postage \_\_\_\_\_  
No such street in city \_\_\_\_\_  
No such office in state \_\_\_\_\_  
Or not return in this envelope \_\_\_\_\_



No longer at this address.  
Address unknown.



021

# ARGONAUT INSURANCE

TO Robinson FROM Myer DATE 4/24 1957

**INJURED** Carter 68-0000000 **POLICY #**

**INSURED** \_\_\_\_\_ **POLICY TERM** \_\_\_\_\_

CONVERSATION WITH Dr. Harner off CLAIM # X 203445

Wash to cancell Sept. for  
May 19.

322



# DOCTOR'S FINAL (OR MONTHLY) REPORT AND BILL

Itemized bills, IN DUPLICATE, are to be submitted at the termination of the case. Monthly statements are POSITIVELY required on cases under treatment.  
 Mail to Argonaut Insurance Company Address 1001 Wilshire Blvd., Los Angeles, Calif.  
 Services beginning late in month and extending into succeeding month may be itemized on one statement.

EMPLOYER Granja Vista Del Rio - Altfillisch Cons. Company  
 EMPLOYEE Mr. Sirhan Sirhan  
 DATE OF INJURY 9-24-66 SERVICES FOR MONTH OF April, 1967

Patient refused treatment \_\_\_\_\_, 19\_\_\_\_  
 Patient stopped treatment \_\_\_\_\_, 19\_\_\_\_  
 without orders \_\_\_\_\_, 19\_\_\_\_  
 Patient entered hospital \_\_\_\_\_, 19\_\_\_\_  
 Patient able to return to work \_\_\_\_\_, 19\_\_\_\_  
 Patient discharged as cured \_\_\_\_\_, 19\_\_\_\_  
 Condition at time of last visit \_\_\_\_\_  
 Not discharged. \_\_\_\_\_

Any other charges authorized such as Drugs? \_\_\_\_\_ Hospital? \_\_\_\_\_  
 (Check) (Check)

Code: O—Office; V—Home Visit; H—Hospital Visit; N—Night Visit; S—Operation; X—X-Ray.

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|       |   |   |   |   |   | X |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

Totals

First aid treatment (describe) \_\_\_\_\_ \$ \_\_\_\_\_  
 Office Visits 4-6-67 \$ 5.50  
 Home Visits \_\_\_\_\_ \$ \_\_\_\_\_  
 Hospital Visits \_\_\_\_\_ \$ \_\_\_\_\_  
 Operations \_\_\_\_\_ \$ \_\_\_\_\_  
 MATERIAL (itemized at cost) \_\_\_\_\_ \$ \_\_\_\_\_  
 TOTAL \$ 5.50

Any charges shown above which are in excess of the minimum fee must be explained below regarding nature of such services, indicating the date rendered.

Make check payable to:

Doctor E. Gordon Klehn, M.D.  
 Address 48 N. El Molino Ave., Suite 203  
Pasadena, California 91101

Signature [Signature]  
 Date May 4, 1967

# DOCTOR'S FINAL (OR MONTHLY) REPORT AND BILL

Itemized bills, IN DUPLICATE, are to be submitted at the termination of the case.

Monthly statements are POSITIVELY required on cases under treatment.

Mail to Argonaut Insurance Company Address 1001 Wilshire Blvd., Los Angeles

Services beginning late in month and extending into succeeding month may be itemized on one statement.

EMPLOYER Granja Vista Del Rio - Altfillisch Cons. Company  
 EMPLOYEE Sirhan Sirhan  
 DATE OF INJURY 9-24-66 SERVICES FOR MONTH OF Feb. & March, 1967

Patient refused treatment \_\_\_\_\_, 19\_\_\_\_ Patient able to return to work \_\_\_\_\_, 19\_\_\_\_  
 Patient stopped treatment \_\_\_\_\_ Patient discharged as cured \_\_\_\_\_, 19\_\_\_\_  
 without orders \_\_\_\_\_, 19\_\_\_\_ Condition at time of last visit \_\_\_\_\_  
 Patient entered hospital \_\_\_\_\_, 19\_\_\_\_ Patient still under treatment.

Any other charges authorized such as Drugs? \_\_\_\_\_ Hospital? \_\_\_\_\_  
 (Check) (Check)

Code: O—Office; Y—Home Visit; H—Hospital Visit; N—Night Visit; S—Operation; X—X-Ray.

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Feb.  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    | o  |    |    |    |    |    |    |    |    |    |    |
| Marc. |   |   |   |   |   |   |   |   | o |    |    |    |    |    |    |    |    |    |    |    |    |    | o  |    |    |    |    |    |    |    |    |

Totals

First aid treatment (describe) \_\_\_\_\_ \$ \_\_\_\_\_

Office Visits 2-21, RVS 0002 - \$55.00, 3-9 & 3-23, RVS 9004 - \$5.50 ea. \$ \$66.00

Home Visits \_\_\_\_\_ \$ \_\_\_\_\_

Hospital Visits \_\_\_\_\_ \$ \_\_\_\_\_

Operations \_\_\_\_\_ \$ \_\_\_\_\_

MATERIAL (itemized at cost) \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ 66.00

Any charges shown above which are in excess of the minimum fee must be explained below regarding nature of such services, indicating the date rendered.

Make check payable to:

Doctor E. Gordon Klehn, M.D.

Address 48 N. El Molino, Suite 203  
Pasadena, California

Signature *E. Gordon Klehn*

Date 4-3-67

824

## ARGONAUT INSURANCE

TO \_\_\_\_\_ FROM \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_  
INJURED \_\_\_\_\_ POLICY # \_\_\_\_\_  
INSURED \_\_\_\_\_ POLICY TERM \_\_\_\_\_  
CONVERSATION WITH \_\_\_\_\_ CLAIM # \_\_\_\_\_

*Robert H. Johnson*  
*White Champion*

025

CUM-547-R1

May 2, 1967

Mr. Sirhan Sirhan  
C/o Rt 1, Box 159B  
Corona, California

02X-203445  
AMFILLISCH CONST. CO. INC.  
SIRHAN SIRHAN  
9/25/66

Friday, May 23, 1967

11:00 A.M.

Samuel Weaver, M.D.  
1125 E 17th St  
Santa Ana, Calif.

Phone: KI 2-7489

P.S. Please disregard letter of 4/21/67. The appointment has been cancelled.

R. J. ROEMER

cc: Samuel Weaver, M.D.

P.S. Resume enclosed. Please examine and comment on any neuro problems that may exist.

PLEASE FORWARD FOUR COPIES OF YOUR REPORT.

ANSWER of ARGONAUT INSURANCE COMPANY

STRIHAN D. STRIHAN  
(NAME OF EMPLOYEE)  
696 E. Howard, Pasadena, Calif.

Case No. Ap2. dated: 7-10-67

Date of alleged injury: 9/25/66

vs.  
ALFILLISCH CONSTRUCTION CO.  
GRAMSA VISTA DEL RIO  
(NAME OF EMPLOYER)

Box 159B, Rt. 1, Corona, Calif.  
(EMPLOYER'S ADDRESS)

ARGONAUT INSURANCE COMPANY  
(NAME OF INSURANCE COMPANY)

443 Shatto Pl., Los Angeles, Calif.  
(INSURANCE COMPANY'S ADDRESS)

(CERTIFICATE NUMBER IF SELF-INSURED)

ANSWERING DEFENDANTS deny the allegations of the Application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS  
(MARK X IF ALLEGATION IS DENIED)

EXPLAIN BELOW

- ☒ Employment  
☐ Occupation  
☐ Injury  
  
☒ Insurance coverage  
☒ Liability for self  
procured treatment  
☒ Liability for future  
medical treatment  
☒ Medical-legal costs  
  
☒ Earnings  
☒ Periods of disability  
☒ Permanent disability

being investigated

(IF DENIAL IS BASED ON DATE OR PART OF BODY INJURED, EXPLAIN FULLY)

being investigated

(CHECK IF EMPLOYER HAS BEEN NOTIFIED TO APPEAR AND DEFEND)

(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK)

apportionment

(IF APPORTIONMENT IS CLAIMED, SO STATE)

IT IS FURTHER ALLEGED:

1. Defendants have paid disability indemnity in the total amount of \$ none at the rate of \$        a week beginning        through        plus       .

2. Affirmative defenses and other matters:       

Defendants do not waive the right to raise additional issues in accordance with the provisions of law and the Rules of Practice if other issues develop.

Estimated time for trial:       

Dated at Los Angeles, California, 7/26/67

All defendants' medical reports have been filed       

Additional reports will be filed before trial       

Pre-trial wanted:        YES        NO

ARGONAUT INSURANCE COMPANY  
By: McLaughlin, Evans, Dalbey & Cumming  
By: 8/ Ray B. Cumming  
1717 No. Highland Ave., L.A., Calif. 90028  
466-8543  
(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

| POLICY NUMBER                          |               |         |     | CLAIM NUMBER |       |                  |      |        |        |              |  |
|----------------------------------------|---------------|---------|-----|--------------|-------|------------------|------|--------|--------|--------------|--|
| CO.                                    | INCURRED DATE | LINE    | ST. | ENV.         | MO/YR | SERIAL           | ENV. | LTR.   | SERIAL | CLASS.       |  |
| 1                                      | 10-07-66      | 000     | 04  | 20           | 210   | 056370           | 02   | X      | 203445 | 0037         |  |
| ALTFILLISCH CONSTRUCTION COMPANY, INC. |               |         |     |              |       |                  |      |        |        | CONV.        |  |
| Box 159B Rt. #1, Corona, California    |               |         |     |              |       |                  |      |        |        | EMP. ADDR.   |  |
| Muller & Ames of Calif.                |               |         |     | ACQ. DATE    |       | 1                |      | 2      |        | 3            |  |
| 3625 W. 6th St.                        |               |         |     | 09-25-66     |       | 0                |      | 3      |        | 0            |  |
| Los Angeles, Calif.                    |               |         |     | 01-01-66-67  |       | 0                |      | 3      |        | 0            |  |
| SIRHAN, SIRHAN                         |               |         |     | CLAMANT      |       | PART             |      | CAUSE  |        | BY           |  |
| c/o Rt. 1 Box 159B                     |               |         |     | PLACE        |       | CAUSE            |      | CAUSE  |        | LOCATION     |  |
| Corona, California                     |               |         |     | ADDRESS      |       | CAUSE            |      | CAUSE  |        | DOCTOR       |  |
| lac. up. chin bk                       |               |         |     | FATUR        |       | thrown off horse |      | CAUSE  |        | LOCATION     |  |
| Norco, Calif.                          |               |         |     | DOCTOR       |       | ADDRESS          |      | DOCTOR |        | ADDRESS      |  |
| Richard A. Falsen                      |               |         |     | TOTAL        |       | 2700             |      | 00     |        | COMPENSATION |  |
| Hanner St., Norco, California          |               |         |     | RESERVED     |       | 00               |      | 00     |        | RESERVED     |  |
| IDENTITY                               |               | MEDICAL |     | ALLOC.       |       | TOTAL            |      | 00     |        | 00           |  |
| 2200                                   |               | 250     |     | 250          |       | 2700             |      | 00     |        | 00           |  |

### RESERVE CHANGE ADVICE

|           | OLD RESERVE | NEW RESERVE |
|-----------|-------------|-------------|
| Indemnity | 262.00      | 2200.00     |
| Medical   | 0.00        | 750.00      |
| Allocated | 0.00        | 350.00      |
| Total     | 262.00      | 3300.00     |

Date \_\_\_\_\_ Division LA

By Stener  
828

|                                       |               |        |     | POLICY NUMBER |       |                             | CLAIM NUMBER |                          |        |              |
|---------------------------------------|---------------|--------|-----|---------------|-------|-----------------------------|--------------|--------------------------|--------|--------------|
| CO.                                   | INCURRED DATE | LINE   | ST. | DAY           | MONTH | SERIAL                      | DAY          | LTR                      | SERIAL | CLASS        |
| 1                                     | 10-27-66      | 000    |     | 20            | 210   | 056370                      | 02           | X                        | 203445 | 0037         |
| ALPHALUSSE CONSTRUCTION COMPANY, INC. |               |        |     |               |       |                             |              |                          |        | CONV.        |
| Box 159B Rt. 1, Corona, California    |               |        |     |               |       |                             |              |                          |        | TRIP<br>ACCT |
| Miller & Ames of Calif.               |               |        |     | /ACC RATE     |       | T                           |              | R                        |        | PROD. CODE   |
| 3625 W. 6th St.                       |               |        |     | 09-25-66      |       | 0                           |              | 3                        |        | 5715         |
| Los Angeles, Calif.                   |               |        |     | 01-01-66-67   |       | 1                           |              |                          |        | EXT. TYPE    |
| SILVERMAN, SHERMAN                    |               |        |     |               |       | CLAIMANT<br>FULL<br>ADDRESS |              | NAME                     |        |              |
| c/o Rt. 1 Box 159B                    |               |        |     |               |       |                             |              | CHISEL                   |        |              |
| Corona, California                    |               |        |     |               |       |                             |              |                          |        |              |
| Inc. up. chain bk                     |               |        |     | NATURE        |       | thrown off horse            |              | CHISEL                   |        |              |
| Norco, Calif.                         |               |        |     |               |       |                             |              | LOCATION                 |        |              |
| Richard A. Tolson                     |               |        |     |               |       |                             |              | DOCTOR                   |        |              |
| Banner St., Norco, California         |               |        |     |               |       |                             |              | ADDRESS                  |        |              |
| IDENTITY                              | IN            | VERBAL | IN  | ALLOC.        | IN    | TOTAL                       | IN           | COMPENSATION<br>RESERVED |        |              |
| 2200                                  | 00            | 250    | 00  | 250           | 00    | 2700                        | 00           |                          |        |              |

## CLAIM CLOSING ADVICE

### TO TATULATING DEPARTMENT

|           | OLD RESERVE | NEW RESERVE |
|-----------|-------------|-------------|
| Indemnity | \$ 2700     | \$          |
| Medical   | 000         | 1200        |
| Attended  | 000         |             |
| Total     | \$ 2700     | \$ 1200     |

Date



RICHARD A. NELSON, M.D., F.A.C.S.  
760 SOUTH WASHBURN, SUITE 7  
CORONA, CALIFORNIA 91720  
737-5592 -- 688-8731  
GENERAL SURGERY

October 26, 1966

Argonaut Insurance  
1001 Wilshire Blvd  
Los Angeles, California

Re: Sirhan Sirhan  
Employee: Granja Vista Del Rio

Dear Sirs:

The above named patient was again seen by me today, October 26, 1966, with complaints of diminished field of vision of left eye. We had thought that he was progressing very well considering the seriousness of his accident, when we last saw him on October 6, 1966, consequently, we sent you a final bill on the same date. Since this problem with his vision has arisen, we are writing to you for permission to refer him to Dr. Nilsson, M.D. ophthalmologist. We would appreciate hearing from you as soon as possible.

Thanking you very kindly, I remain

Sincerely,

Richard A. Nelson, M.D.

X 2/344/5

Mr. Sirhan Sirhan,  
696 East Howard,  
Pasadena, California

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE—CANCELLED CHECK IS YOUR RECEIPT

| PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE CANCELLED |         |                          |                                                                   |   |   |      |         |          |                   |      |         |       |
|-----------------------------------------------------------------------|---------|--------------------------|-------------------------------------------------------------------|---|---|------|---------|----------|-------------------|------|---------|-------|
| DATE                                                                  | CHARGES |                          |                                                                   |   |   |      | CREDITS |          |                   |      | BALANCE |       |
|                                                                       | O       | A                        | B                                                                 | C | D | CODE | MISC.   | ON ACCT. | CASH              | ADJ. |         |       |
| 7-25-66                                                               |         | 50.00                    | Emergency care and repair of lacerations by Dr. Richard A. Nelson |   |   |      |         |          | BALANCE FORWARD → |      |         | 50.00 |
| 10-6-66                                                               | N/C     | patient dismissed today. |                                                                   |   |   |      |         |          |                   |      |         |       |
| FINAL BILLING.                                                        |         |                          |                                                                   |   |   |      |         |          |                   |      |         |       |
|                                                                       |         |                          |                                                                   |   |   |      |         |          |                   |      | 50.00   |       |

**BENJAMIN E. HERNOON, M.D.**  
**JOHN WM. SCHNEPPF, M.D.**  
103 WEST NINTH STREET • CORONA, CALIFORNIA  
CORONA - 737-5997 • SIVERLY - 688-8731

EXPLANATION OF SYMBOLS  
O = OFFICE CALL  
A = HOME OR HOSPITAL CALL  
S = SURG. ASST. ON ANESTH.  
C = CONSULTATION

2025 RELEASE UNDER E.O. 14176

PLEASE PAY  
LAST AMOUNT IN  
THIS COLUMN

331

STATEMENT

*Thomas* MORTUARY

Formerly Bell-Thomas Mortuary  
ESTABLISHED 1891

1118 East Sixth Street, Corona, California  
P. O. Box 762

*Kenneth A. Thomas*

*Phone 737-3244*

October 1, 1966

Altfillisch Construction  
Rt. 1 Box 159B  
Corona, California

*For Services Rendered -* SIRHAN SIRHAN  
13200 Citrus Ave.  
Granja Vista Del Rio Ranch  
Corona, California

September 25, 1966 - Ambulance service from 13200 Citrus Ave.  
to Corona Community Hospital:

832

TWENTY-FOUR HOUR AMBULANCE SERVICE

MEMBER, THE ORDER



OF THE GOLDEN RULE

2025 RELEASE UNDER E.O. 14176

OK \$15.00  
PAY D.D.  
10-10-66

# ARGONAUT INSURANCE

TO ARL FENT FROM LIMBACH DATE 10-10 1960  
 INJURED SIMMAN S. SIMMAN POLICY # \_\_\_\_\_  
 INSURED ALTFILLISCH CONST. CO. POLICY TERM \_\_\_\_\_  
 CONVERSATION WITH ASSURED 714-737-5375 CLAIM # 2X 203445

ASSURED STATES! CAN'T REACH ASSURED  
HOLD COMP FOR S.R.

DR. NELSON NO PHONE LISTED

RETURN TO EXAMINER  
SPRINGFIELD TOWNSHIP  
COMP UNTIL WR REC'D  
DO NOT S. REPORT

# Argonaut Insurance

## RESERVE COMPUTATION SHEET

Claim No. Y-203443-

Name of Injured Sirhan Sirhan Date of Injury 7/25/64

Age 22 Occupation Elementary Sch Group Letter E

Comp. Rate (Temp.) 53.44 (P. D.) 52.50 Based on Wage of 86.54.

Estimated P. D. Rating 3 %, Or 12 Wks. \$ 10.30<sup>00</sup>

Temp. Comp. Paid 0 Wk. \$ 0

Further Est. Temp. 0 Wk. \$ 0

Total Temp. Comp. \$ 0

Total Comp. Est. \$ 1000-

Med. Paid \$ 228<sup>10</sup>

Future Est. Med. \$ 500- Total Med. Est. \$ 800<sup>00</sup>

Estimated By Rebber Date 5/5/67

Rating Factors, Objective 1 1/2 cm lacer on face - near eye lid.

Subjective \_\_\_\_\_

Rating Formula 4.12 - 5% - 1 - (E) 4% - 3%

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

034

1000 -  
800 -  
250 -  
2050

July 27, 1967

Mr. Norman Sirhan  
696 East. Harvard Street  
Pasadena, California

CEX 20345  
ALBERTUS CO. CO.  
STEVEN SIRHAN  
9/25/66

Sunday, August 15, 1967

1:30 P.M.

Albertus, M.D.  
6753 Hollywood Blvd  
Hollywood, Calif.

NO 6-4285

J. D. STEIN

in

cc: Palmer & Turner

cc: McLaughlin, Evans, Dalby & Cumming

cc: Dr. Albertus

..P.S. Our medical enclosed.

Please examine and advise us of your findings.

PLEASE FORWARD FOUR COPIES OF YOUR REPORT.

335

E. Gordon Kichn, M.D.

SUITE 203  
48 NORTH EL MOLINO AVENUE  
PASADENA, CALIFORNIA 91101  
TELEPHONE 449-6494

April 4, 1967

Argonaut Insurance Company  
1001 Wilshire Blvd.  
Los Angeles, California

Re: Mr. Sirhan Sirhan

Gentlemen:

Mr. Sirhan came to this office on February 21, 1967, having been referred to me by Dr. Milton A. Miller of Ontario. The history of the case as I received it from the patient is briefly as follows:

The patient exercised the horses at the Granja Vista Del Rio ranch in Corona. On September 24, 1966, he was thrown from his horse and suffered injuries around the left eye. He thinks he was unconscious for a brief time. He was seen at the Corona hospital by a Dr. Richard Nelson and the wounds around the eye were sutured. In addition to the wound around the eye he had a wound under the chin. This was also sutured. Four days later the sutures were removed. He suffered a brief injury again a few days after the initial injury and the wound edges separated a little bit. He was unaware of any eye problems until he began exercising the horses again. He noticed at this time that he had to move his head from left to right in order to see well on either side. This loss of side vision has definitely improved but he still has some difficulty. This is especially noticeable in the left eye. Because of his eye complaints he was referred to a Dr. Nelson of Corona and following that to Dr. Milton A. Miller of Ontario. I do not have Dr. Miller's reports so I am unaware of exactly what his findings were. At the present time Mr. Sirhan's complaints primarily are as follows:

He notices that he has some twitching of the eyelid when he looks to the left. This involves the left eyelid primarily. He also has the same type of twitching when he wrinkles his forehead or makes facial movements. He has had no subsequent unconscious attacks, no dizziness, no weakness of either arms, hands, legs or feet. He complains of a persistent pain in the superior nasal aspect of the left orbit. My examination was as follows:

His vision was found to be 20/20 in either eye uncorrected. He had no significant refractive error. Extraocular muscles were found to be intact.



the pupils were round, were regular, and reacted well to light and accommodation. The patient's eyes were dilated and an examination of the fundus was performed. No significant abnormalities were found. Examination was performed both with the direct and indirect ophthalmoscope. Slit lamp examination showed no flare or cells in either eye. Both lenses are clear and the media appeared clear. Visual field examination indicates a full field with a moderate amount of general constriction in the left field. This constriction is inconstant. The patient's wounds are well healed, however there is a persistent tenderness over the superior orbital ridge medially and there is a small amount of fullness in this area remaining. The tenderness is medial to the supra-orbital notch and is apparently aggravated when the patient looks both to the left and upward to the left. There is a fibrotic band extending from this general area downward to the area just below the lower canthal ligament. He claims that this makes him have a rather tight sensation when he looks to the left. I could demonstrate no abnormal diplopia, in fact my findings are remarkably negative with the exception of the tenderness and the subcutaneous band which I mentioned. At the present time, I do not feel like operating on the area which is described, and releasing this band. I feel that we should wait for a period of about one month yet. At the time of releasing this subcutaneous band I believe it would be advisable to investigate the original wound area for the possibility of a foreign body reaction giving him the persistent pain which he feels and is described above. X-Rays ordered by me have indicated no evidence of a foreign body, no evidence of any fractures in and about the orbit, and said X-Rays are essentially negative. The X-Rays were taken by Dr. Robert Freeman, of this address. I shall see Mr. Sirhan again and repeat visual field tests to make sure that there is no recurrent abnormality. Inasmuch as he was unconscious and had not been seen by a neurologist or a neurosurgeon I believe it would be advisable to have him seen by a neurosurgeon to rule out any damage to the brain that might have occurred at the time of this injury. I have usually referred my patients to a Dr. Robert Fiskin, of 960 E. Green St., Pasadena. He is a well-qualified neurosurgeon and if you have no objection I would respectfully request your referral of Mr. Sirhan to Dr. Fiskin for such an evaluation.

I trust this will give you an up-to-date accounting of Mr. Sirhan's problems.

Sincerely,

E. Gordon Kichn, M.D.

ECK:ra

837

# DOCTOR'S FIRST REPORT OF WORK INJURY

Immediately after first examination mail one copy directly to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 1, and two copies to the insurance carrier. Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.) Answer all questions fully.

A. INSURANCE CARRIER Argonaut Insurance Company, 1001 Wilshire Blvd., Los Angeles, Calif.

1. EMPLOYER Granja Vista Del Rio - Altfillisch Const. Company  
2. Address (No. and Street) 13200 Citrus City Corona, Calif.  
3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.) Ranch

DO NOT WRITE IN THIS SPACE

4. EMPLOYEE (First name, middle initial, last name) Mr. Sirhan Sirhan S.S. No. [REDACTED]  
5. Address (No. and Street) 696 E. Howard St. City Pasadena, California  
6. Occupation Exercises horses Age 22 Sex Male Marital Status Single  
7. Date injured Sept. 24, 1966 Hour 7:30A M Date last worked Off two weeks  
8. Injured at (No. Street and City) 13200 Citrus County [REDACTED]  
9. Date of your first examination Feb. 21, 1967 Hour 9:00A M Who engaged your services? Milton A. Miller, Ontario  
10. Name other doctors who treated employee for this injury Richard Nelson, M.D.

11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury? Yes Employee's statement of cause of injury or illness:

Was thrown from horse while exercising same.

12. NATURE AND EXTENT OF INJURY OR DISEASE (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures.)  
Please see attached report.

13. X-RAYS: By whom taken? (State if none)  
Findings: Negative - See attached report.  
Robert Freeman, M.D., 48 N. El Molino Ave., Pasadena, Calif.

14. TREATMENT:  
See attached report.

15. Kind of case (office, home, or hospital) Office If hospitalized, date [REDACTED] Estimated stay [REDACTED]  
Name and address of hospital See attached report.  
16. Further treatment (estimated frequency and duration) See attached report.  
17. Estimated period of disability for: Regular work Not disabled. Modified work [REDACTED]  
18. Describe any permanent disability or disfigurement expected (state if none) See attached report.

19. If death ensued, give date [REDACTED]

20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information)

338

Name Le Gordon Kiehn, M.D.  
(Type or Print)

PERSONAL SIGNATURE OF DOCTOR

Date of report 4-3-67 Address (No Street and City) 48 N. El Molino Ave., Pasadena, California 91101

April 21, 1967

Mr. Sirhan Sirhan  
c/o Route 1  
Box 1593  
Corona, California

02X 203445  
Altfillich Constr. Co., Inc.  
Sirhan Sirhan  
9/25/66

Friday, May 19, 1967

10:00 AM

John T. Garner, M. D.  
744 Fairmont Avenue  
Pasadena, California  
Phone: 681-7028

R. T. Robbins

3  
cc: John T. Garner, M. D. P. S.: Resume enclosed. Please examine, and  
forward four copies of your report.

838

# ARGONAUT INSURANCE

TO File FROM Surber Surber DATE 2/28 1966  
 INJURED W.H. Gillich POLICY # 201966 203445  
 INSURED W.H. Gillich POLICY TERM 203445  
 CONVERSATION WITH W.H. Gillich - X-Rays CLAIM # 203445

They took X-Rays of this guy in 2-1966  
 The days he is being treated now  
 by a doctor in Pasadena

840

## DOCTOR'S FINAL (OR MONTHLY) REPORT AND BILL

Itemized bills, IN DUPLICATE, are to be submitted at the termination of the case.

Monthly statements are POSITIVELY required on cases under treatment.

Mail to Argonaut Insurance Company Address 1001 Wilshire Blvd., L.A.

Services beginning late in month and extending into succeeding month may be itemized on one statement.

EMPLOYER Altfillisch Construction  
 EMPLOYEE Mr. Sirhan Sirhan  
 DATE OF INJURY 9-24-66 SERVICES FOR MONTH OF November & Dec., 1966.

Patient refused treatment..... 19..... Patient able to return to work..... 19.....  
 Patient stopped treatment..... Patient discharged as cured..... 19.....  
 without orders..... 12-20-66..... 19..... Condition at time of last visit.....  
 Patient entered hospital..... 19..... Inconsistent results with H.F., O.S.....  
 Any other charges authorized such as Drugs?..... Hospital?.....  
 (Check) (Check)

Code: O—Office; V—Home Visit; H—Hospital Visit; N—Night Visit; S—Operation; X—X-Ray.

| Month    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| November |   |   |   |   |   |   |   | 0 |   |    |    |    |    | 0  |    |    |    |    |    |    |    | 0  |    |    |    |    |    |    |    |    |    |
| December |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    | 0  |    |    |    |    |    |    |    |    |    |    |    |

Totals

First aid treatment (describe)..... Office call and examination..... \$ 11.00  
 Office Visits..... 3 @ 5.50..... \$ 16.50  
 Home Visits..... \$  
 Hospital Visits..... \$  
 Operations..... \$  
 MATERIAL (Itemized at cost)..... \$

TOTAL \$ 27.50

Any charges shown above which are in excess of the minimum fee must be explained below regarding nature of such services, indicating the date rendered.

Make check payable to:

Doctor..... Paul Nilsson, M.D., F.A.C.S.

Address..... 824 South Main Street

Corona, California

Signature..... Paul Nilsson, M.D.

Date..... 1-19-67

841

| POLICY NUMBER                          |               |      |         |      |       |        | CLASS NUMBER            |                  |        |                      |       |
|----------------------------------------|---------------|------|---------|------|-------|--------|-------------------------|------------------|--------|----------------------|-------|
| CO.                                    | INCURRED DATE | LINE | ST.     | DIV. | NO/VR | SERIAL | DIV.                    | LTR.             | SERIAL | CLASS                |       |
| 1                                      | 10-07-66      | 000  | CA      | 20   | 210   | 056370 | 02                      | X                | 203445 | 0037                 |       |
| ALTFILLISCH CONSTRUCTION COMPANY, INC. |               |      |         |      |       |        |                         |                  |        | CONV.                |       |
| Box 159B Rt. #1, Corona, California    |               |      |         |      |       |        |                         |                  |        | EMP. ADDR.           |       |
| Miller & Arnes of Calif.               |               |      |         |      |       |        | ACC. DATE               | T                | E      | R                    |       |
| 3625 W. 6th St.                        |               |      |         |      |       |        | 09-25-66                | 0                | 3      | 0                    |       |
| Los Angeles, Calif.                    |               |      |         |      |       |        | 01-01-66-67             | FOL. TERM        |        |                      |       |
| SIRHAN, SIRHAN                         |               |      |         |      |       |        | CLAIMANT'S HOME ADDRESS |                  |        | PART                 |       |
| c/o Rt. 1 Box 159B                     |               |      |         |      |       |        |                         |                  |        | CHARGE               |       |
| Corona, California                     |               |      |         |      |       |        |                         |                  |        |                      |       |
| acc. up. chin bk                       |               |      |         |      |       |        | NATURE                  | thrown off horse |        |                      | Cause |
| Norco, Calif.                          |               |      |         |      |       |        |                         |                  |        | LOCATION             |       |
| Richard A. Nelson                      |               |      |         |      |       |        |                         |                  |        | DOCTOR               |       |
| Hamner St., Norco, California          |               |      |         |      |       |        |                         |                  |        | ADDRESS              |       |
| IDENTITY                               | 2200          | 00   | MEDICAL | 250  | 00    | ALLOC. | 250                     | 00               | TOTAL  | 2700                 |       |
|                                        |               |      |         |      |       |        |                         |                  |        | COMPENSATION RESERVE |       |

REOPEN RECLOSE

# CLAIM CLOSING ADVICE TO TABULATING DEPARTMENT

|           | OLD RESERVE | NEW RESERVE |
|-----------|-------------|-------------|
| Indemnity | \$          | \$          |
| Medical   | 1,300.00    | 230.00      |
| Allocated |             |             |
| Total     | \$1,300.00  | \$230.00    |
| Date      | 10-10-66    | Division    |

CLM-340

**STATEMENT**

**BENJAMIN E. HERNDON, M.D.**  
**JOHN WM. SCHNEPPER, M.D.**  
**GENERAL SURGERY**

103 WEST NINTH STREET • CORONA, CALIFORNIA  
CORONA-737-5892 • RIVERSIDE-688-8731

• Re: Sirhan, Sirhan  
Q696 E. Howard  
Pasadena, California

203445

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE—CANCELLED CHECK IS YOUR RECEIPT

| WITH YOUR REMITTANCE—CANCELLED CHECK IS YOUR RECEIPT |         |   |   |   |   |      |         |          |      |         |      |       |
|------------------------------------------------------|---------|---|---|---|---|------|---------|----------|------|---------|------|-------|
| DATE                                                 | CHARGES |   |   |   |   |      | CREDITS |          |      | BALANCE |      |       |
|                                                      | O       | A | B | C | D | CODE | DESC.   | ON ACCT. | CASH |         | ADJ. |       |
| 10-26-66                                             | 11.00   |   |   |   |   |      |         |          |      |         |      |       |
| 9006 Case re0-opened.                                |         |   |   |   |   |      |         |          |      |         |      |       |
| 48630                                                |         |   |   |   |   |      |         |          |      |         |      |       |
| PATIENT REFERRED ON TO DOCTOR PAUL NILSSON, M.D.     |         |   |   |   |   |      |         |          |      |         |      |       |
| THIS IS OUR FINAL BILLING FOR THIS CASE.             |         |   |   |   |   |      |         |          |      |         |      |       |
|                                                      |         |   |   |   |   |      |         |          |      |         |      | 11.00 |

SM 5-65 K27728

**BENJAMIN E. HERNDON, M.D.**  
**JOHN WM. SCHNEPP, R. M.D.**  
103 WEST NINTH STREET • CORONA, CALIFORNIA  
CORONA - 737-5092 • RIVERSIDE - 38-8731

EXPLANATION OF CHARGES  
O - OFFICE CALL  
A - HOME OR HOSPITAL CALL  
B - SURG. ASSIST. OR ANESTH.  
C - CONSULTATION

2025 RELEASE UNDER E.O. 14176

PLEASE PAY  
LAST AMOUNT IN  
THIS COLUMN





# DOCTOR'S FIRST REPORT OF WORK INJURY

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF LABOR STATISTICS AND RESEARCH  
P. O. Box 965, San Francisco, Calif. 94101

203445

Immediately after first examination mail one copy directly to the Division of Labor Statistics and Research. Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.) Answer all questions fully.

A. INSURANCE CARRIER Argonaut Insurance Company

1. EMPLOYER Altfillisch Construction  
2. Address (No., St. & City) 13200 Citrus, Corona  
3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.)  
4. EMPLOYEE (First name, middle initial, last name) Mr. Sirhan Sirhan Soc. Sec. No. [REDACTED]  
5. Address (No., St. & City) 696 B. Howard, Pasadena Age 21 Sex M  
6. Occupation  
7. Date injured 7-24-66 Hour 7:30 AM Date last worked  
8. Name of your first examiner 13200 Citrus, Corona County Riverside  
9. Name of your first examiner How 4:30 P M. Who engaged your services? company  
10. Name other doctors who treated employee for this injury Richard Nelson, M.D.

11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury? yes Employee's statement of cause of injury or illness:

Fell from horse and crashed on rail.

12. NATURE AND EXTENT OF INJURY OR DISEASE (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures.)

Objective findings: Epicanthal scar 1 1/2 cm left eye. The scar is slightly tender to touch. Vision in each eye 20/20; however, left not as sharp as right. Cornea clear, anterior chamber clear, pupils round and equal and react to light, fundi present, no pathology, fields normal.  
Diagnosis: Epicanthal scar, 1 1/2 cm, left eye.

13. X-rays: By whom taken? (State if none) Findings:

14. Treatment: Observation - to return in one month

15. Kind of case (Office, home or hospital) office If hospitalized, date Estimated stay  
Name and address of hospital  
16. Further treatment (Estimated frequency and duration) 2 months  
17. Estimated period of disability for: Regular work 20 days Modified work 10 days  
18. Describe any permanent disability or disfigurement expected (State if none) none anticipated

19. If death ensued, give date

20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information)

045

Signature of Doctor

Date of report 11-22-66 Address (No., St. & City)

924 South Main Street, Corona, Calif. 92626

## ARGONAUT INSURANCE

TO Man FROM AKU DATE 11/9/6 19\_\_  
INJURED \_\_\_\_\_ POLICY # \_\_\_\_\_  
INSURED \_\_\_\_\_ POLICY TERM \_\_\_\_\_  
CONVERSATION WITH \_\_\_\_\_ CLAIM # X-20345

The insurance change is purely a guess.  
I'd suggest you await the doctor's  
report so that we can accurately  
evaluate. No indication of P.D. now.

046

# ARGONAUT INSURANCE

TO \_\_\_\_\_ FROM Jan 18 DATE 11-7 1966  
INJURED \_\_\_\_\_ POLICY # \_\_\_\_\_  
INSURED \_\_\_\_\_ POLICY TERM \_\_\_\_\_  
CONVERSATION WITH \_\_\_\_\_ CLAIM # 3X 203445

714-737-5897 - Dr. Nelson -

Called & auth eye exam by  
Dr. Nelson - gave claim # and  
asked that report of exam be  
sent to us.

047

# DOCTOR'S FIRST REPORT OF WORK INJURY

# 02X-203445

FILL OUT AND  
FORWARD 3 COPY  
IMMEDIATELY AFTER  
FIRST SEEING  
PATIENT

STATE OF CALIFORNIA

EMPLOYMENT COMPENSATION INSURANCE FUND

PROBATION DEPARTMENT, WATERBURY, CONNECTICUT

ALSO, immediately after first examination mail one copy directly to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 94101  
Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.)

Answer all questions fully. **ARGONAUT INSURANCE CO., 1001 Wilshire Blvd. Los Angeles, Calif.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|
| 1. EMPLOYER <u>Granja Vista del Rio Altfillisch Construction Co.</u>                                                                                                                                                                                                                                                                                                                                                                               |  | Do not write<br>in this space |
| 2. Address (No., St. & City) <u>Box 1593 R - 1 Corona, California</u>                                                                                                                                                                                                                                                                                                                                                                              |  |                               |
| 3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.) _____                                                                                                                                                                                                                                                                                                                                                      |  |                               |
| 4. EMPLOYEE (First name, middle initial, last name) <u>Sirhan Sirhan</u>                                                                                                                                                                                                                                                                                                                                                                           |  | SOCIAL SECURITY NO. _____     |
| 5. Address (No., St. & City) <u>696 East Imperial Pasadena, California</u>                                                                                                                                                                                                                                                                                                                                                                         |  |                               |
| 6. Occupation <u>Horse trainer</u> Age <u>22</u> Sex <u>Male</u>                                                                                                                                                                                                                                                                                                                                                                                   |  |                               |
| 7. Date injured <u>9-25-66</u> Hour <u>8:30 A.M.</u> Date last worked <u>9-25-66</u>                                                                                                                                                                                                                                                                                                                                                               |  |                               |
| 8. Injured at (No., St. & City) <u>on the job.</u> County <u>Riverside</u>                                                                                                                                                                                                                                                                                                                                                                         |  |                               |
| 9. Date of your first examination <u>9-25-66</u> Hour <u>9:30 A.M.</u> Who engaged your services? _____                                                                                                                                                                                                                                                                                                                                            |  |                               |
| 10. Name other doctors who treated employee for this injury _____                                                                                                                                                                                                                                                                                                                                                                                  |  |                               |
| 11. ACCIDENT OR EXPOSURE: Did employee notify employer of this injury? <u>Yes</u> Employee's statement of cause of injury or illness: <u>I was thrown from a race horse this morning.</u>                                                                                                                                                                                                                                                          |  |                               |
| 12. NATURE AND EXTENT OF INJURY OR DISEASE (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures.)<br><br><u>Laceration of left upper eye lid; Bilateral foreign bodies (sand) in eyes; laceration of chin, complex, 5 cm. total length; large contusion of dorsal back; <del>contusion</del> contusion of left hand and multiple abrasions.</u> |  |                               |
| 13. X-rays: By whom taken? (State if none) <u>Yes, Corona Community Hospital, Corona, Calif.</u><br>Findings: <u>Negative for fractures.</u>                                                                                                                                                                                                                                                                                                       |  |                               |
| 14. Treatment: <u>Emergency care of wound areas as mentioned above; Repair of laceration under local anesthesia; Medication for pain; hospitalized for further care and observation.</u>                                                                                                                                                                                                                                                           |  |                               |
| 15. Kind of case (Office, home or hospital) <u>Hospital &amp; Office.</u> If hospitalized, date _____ Estimated stay _____<br>Name and address of hospital <u>Corona Community Hospital 824 S. Washburn Ave. Corona</u>                                                                                                                                                                                                                            |  |                               |
| 16. Further treatment (Estimated frequency and duration) <u>Weekly office calls for two weeks; or as necessary.</u>                                                                                                                                                                                                                                                                                                                                |  |                               |
| 17. Estimated period of disability for: Regular work <u>2 to 4 weeks</u> Modified work <u>2 weeks</u>                                                                                                                                                                                                                                                                                                                                              |  |                               |
| 18. Describe any permanent disability or disfigurement expected (State if none) <u>None expected at present.</u>                                                                                                                                                                                                                                                                                                                                   |  |                               |
| 19. If death ensued, give date _____                                                                                                                                                                                                                                                                                                                                                                                                               |  |                               |
| 20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information.)<br><br><u>INDUSTRIAL CASE RE-OPENED.</u><br><br><u>PATIENT REFERRED TO DOCTOR EWE. NILSSON, M.D.</u>                                                                                                                                                                                                      |  |                               |

N. B.—ONLY UNDER EXCEPTIONAL CIRCUMSTANCES WILL A HERNIA BE CONSIDERED DISABLING PRIOR TO OPERATION. THE INJURED SHOULD BE ADVISED TO CONTINUE WORK, IF POSSIBLE, UNTIL NOTIFIED THAT HIS CLAIM IS ACCEPTED.

Name Richard A. Nelson, Degree H.D. { PERSONAL SIGNATURE OF DOCTOR }

Date of report 11-8-66 Address (No., St. & City) 760 S. Washburn Ave. Corona, Calif. Tel. No. \_\_\_\_\_

RICHARD A. NELSON, M.D., F.A.C.S.

760 SOUTH WASHBURN, SUITE 7

CORONA, CALIFORNIA 91720

737-5892 - 688-8731

GENERAL SURGERY

October 26, 1966

Argonaut Insurance  
1001 Wilshire Blvd  
Los Angeles, California

Re: Sirhan Sirhan  
Employer: Granja Vista Del Rio

Dear Sirs:

The above named patient was again seen by me today, October 26, 1966, with complaints of diminished field of vision of left eye. We had thought that he was progressing very well considering the seriousness of his accident, when we last saw him on October 6, 1966, consequently, we sent you a final bill on the same date. Since this problem with his vision has arisen, we are writing to you for permission to refer him to Dr. Nilsson, M.D. ophthalmologist. We would appreciate hearing from you as soon as possible.

Thanking you very kindly, I remain

Sincerely,

Richard A. Nelson, M.D.

848



# EMPLOYER'S REPORT OF INDUSTRIAL INJURY TO STATE OF CALIFORNIA

Department of Industrial Relations  
Division of Labor Statistics & Research

**Paul Insurance Company**  
1001 WILSHIRE ST.  
LOS ANGELES 17, CALIF.  
1001 WILSHIRE ST.  
LOS ANGELES 17, CALIF.

Every question must be answered fully to avoid  
further correspondence. FAILURE TO FILE IS A MIS-  
DEMEANOR SUBJECT TO MAXIMUM FINE OF \$100.  
(Labor Code, Sections 6407-6413)

|             |
|-------------|
| INDEMNITY   |
| MEDICAL     |
| ALLOCATED   |
| TOTAL       |
| CATASTROPHE |
| EXTENT      |
| BY: 10-7-6  |
| OCC. DIS.   |
| SUPRO.      |
| TERRITORY:  |

Every work injury to an employee which causes disability lasting longer than 3 days of the injury or which requires medical services other than first aid treatment must be reported within five days after the injury. If the injury results in death, a report must be made by telephone or telegraph directly to the Division of Labor Statistics and Research, San Francisco, not later than 24 hours after death.

|                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                    |  |                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|
| EMPLOYER                                                                                                                                                                                                             |  | POLICY NUMBER                                                                                                                                                                                                                      |  | DO NOT WRITE IN THIS COLUMN |  |
| 1. Name (Give name under which concern does business)                                                                                                                                                                |  | Altcliff Construction Co.                                                                                                                                                                                                          |  | Case No.                    |  |
| 2. Office Address (No. and Street)                                                                                                                                                                                   |  | Box 159 B Corona, Calif.                                                                                                                                                                                                           |  | Employer No.                |  |
| 3. Nature of business (Manufacturing, wholesaling, retailing, etc.)                                                                                                                                                  |  | Farmer & horse training                                                                                                                                                                                                            |  | Industry                    |  |
| INJURED EMPLOYEE                                                                                                                                                                                                     |  | Sirhan Sirhan                                                                                                                                                                                                                      |  | Age                         |  |
| 4. Name                                                                                                                                                                                                              |  | Sirhan Sirhan                                                                                                                                                                                                                      |  | Sex and Marital Status      |  |
| 5. Address (No. and Street)                                                                                                                                                                                          |  | Box 159 B Corona, Calif.                                                                                                                                                                                                           |  | Weekly Wage                 |  |
| 6. Age                                                                                                                                                                                                               |  | 22                                                                                                                                                                                                                                 |  | County                      |  |
| 7. Sex: Check (✓) Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>                                                                                                                           |  | 8. Check (✓) Married <input type="checkbox"/> Single <input checked="" type="checkbox"/>                                                                                                                                           |  | Accident Date               |  |
| 9. Number of hours worked per day                                                                                                                                                                                    |  | 86                                                                                                                                                                                                                                 |  | Occupation                  |  |
| 10. Wages: \$ per hour, or \$ per day, or \$ per week (If earnings at irregular rate, such as piece work or on commission basis, enter actual average weekly earnings for convenient period not to exceed one year.) |  | 86                                                                                                                                                                                                                                 |  | Accident Type               |  |
| 11. If board, lodging, or other advantages furnished in addition to wages, give estimated value \$ or \$ per week.                                                                                                   |  |                                                                                                                                                                                                                                    |  | Agency                      |  |
| 12. Place of accident (No. and Street)                                                                                                                                                                               |  | 13200 Citrus Norco, Riverside                                                                                                                                                                                                      |  | Agency Part                 |  |
| 13. On employer's premises (Yes or No)                                                                                                                                                                               |  | YES                                                                                                                                                                                                                                |  | Mech. Defect                |  |
| 14. Date of accident (Yes or No)                                                                                                                                                                                     |  | 9-25-66                                                                                                                                                                                                                            |  | Unsafe Act                  |  |
| 15. Date of accident (Yes or No)                                                                                                                                                                                     |  | 9-25-66                                                                                                                                                                                                                            |  | Personal Defect             |  |
| 16. If injured in a mine, check (✓) accident location: Surface <input type="checkbox"/> Mill <input type="checkbox"/> Underground <input type="checkbox"/> Shaft <input type="checkbox"/>                            |  | 17. Was injured paid in full for this day?                                                                                                                                                                                         |  | Nature of Injury            |  |
| CAUSE OF ACCIDENT                                                                                                                                                                                                    |  | 21. Occupation (job title)                                                                                                                                                                                                         |  | Location                    |  |
| Exercise boy                                                                                                                                                                                                         |  | 22. How long employed by you at this occupation? Check (✓) Less than 6 mos. <input checked="" type="checkbox"/> 6 mos. to 2 yrs. <input type="checkbox"/> over 2 yrs. <input type="checkbox"/>                                     |  | Extent of Injury            |  |
| 23. What was employee doing when accident occurred? (Describe briefly such as: loading truck, operating drill press, shoveling dirt, walking down stairs, etc.)                                                      |  | riding horse                                                                                                                                                                                                                       |  | Insurance Carrier           |  |
| 24. How did the accident happen? (Describe fully, stating whether the injured person felt, was struck, etc.; give all factors contributing to accident. Use other side of report for additional space.)              |  | while working horse, horse started to drift and saddle turned - throwing exercise boy                                                                                                                                              |  | Report Log                  |  |
| 25. What machine, tool, substance, or object was most closely connected with the accident? (Name the specific machine, tool, appliance, gas, liquid, etc., involved.)                                                |  |                                                                                                                                                                                                                                    |  | Coded By                    |  |
| 26. If mechanical apparatus or vehicle, what part of it? (State if gears, pulley, motor, etc.)                                                                                                                       |  | 27. Were mechanical guards or other safeguards provided? (Yes or No)                                                                                                                                                               |  |                             |  |
| 28. Was injured using them? (Yes or No)                                                                                                                                                                              |  | 29. What do you recommend for preventing this type of accident? (State the specific preventive measure that can be taken by employer and workers. Do not say, "By being more careful." Specify what should or should not be done.) |  |                             |  |
| NATURE OF INJURY AND PART OF BODY AFFECTED                                                                                                                                                                           |  | 30. (Describe in detail the nature of the injury and the part of the body affected. For example: amputation of right index finger at second joint, fracture of ribs, head poisoning, dermatitis of left hand, etc.)                |  |                             |  |
| laceration of chin, contusion of back, cont. of 1 hand                                                                                                                                                               |  | 31. Name and address of physician                                                                                                                                                                                                  |  |                             |  |
| Richard A. Nelson, Hemmer St., Norco, Calif.                                                                                                                                                                         |  | 32. Name and address of hospital                                                                                                                                                                                                   |  |                             |  |
| Corona Community Hospital, Corona, Calif.                                                                                                                                                                            |  | 33. Has any other returned to work? (Yes or No)                                                                                                                                                                                    |  |                             |  |
| no                                                                                                                                                                                                                   |  | 34. If yes, give date                                                                                                                                                                                                              |  |                             |  |
| no                                                                                                                                                                                                                   |  | 35. At what wage? \$ per                                                                                                                                                                                                           |  |                             |  |
| no                                                                                                                                                                                                                   |  | 36. Did injury result in death? (Yes or No)                                                                                                                                                                                        |  |                             |  |
| no                                                                                                                                                                                                                   |  | 37. If yes, give date                                                                                                                                                                                                              |  |                             |  |
| no                                                                                                                                                                                                                   |  | 38. In case of death, give name and address of nearest relative                                                                                                                                                                    |  |                             |  |
| 39. Give details                                                                                                                                                                                                     |  | 40. Was injury caused by anyone else? How                                                                                                                                                                                          |  |                             |  |
| Address                                                                                                                                                                                                              |  | 250                                                                                                                                                                                                                                |  |                             |  |
| Name                                                                                                                                                                                                                 |  | 41. On reverse side list names and addresses of witnesses                                                                                                                                                                          |  |                             |  |
| 42. Date Employer was notified of injury                                                                                                                                                                             |  | When will injured return to work?                                                                                                                                                                                                  |  |                             |  |
| immediate                                                                                                                                                                                                            |  | unknown                                                                                                                                                                                                                            |  |                             |  |
| Signed by                                                                                                                                                                                                            |  | Official position                                                                                                                                                                                                                  |  |                             |  |
| Office                                                                                                                                                                                                               |  | Date                                                                                                                                                                                                                               |  |                             |  |
| 9-30-66                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                    |  |                             |  |



# EMPLOYER'S REPORT OF INDUSTRIAL INJURY

TO  
STATE OF CALIFORNIA

Department of Industrial Relations  
Division of Labor Statistics & Research

MAIL TO CARRIER

maail Insurance Con

300 CALIFORNIA STREET  
SAN FRANCISCO 4, CALIF.

1001 WILSHIRE  
LOS ANGELES 17, CALIF.

Every question must be answered fully to avoid  
further correspondence. FAILURE TO FILE IS A MIS-  
DEMEANOR SUBJECT TO MAXIMUM FINE OF \$100.  
(Labor Code, Sections 6407-6413)

|             |            |
|-------------|------------|
| INDEMNITY   |            |
| MEDICAL     |            |
| ALLOCATED   |            |
| TOTAL       |            |
| CATASTROPHE | OCC. DIS.  |
| EXTENT      | SUBRO.     |
| BY:         | TERRITORY: |

Every work injury to an employee which causes disability lasting longer than the day of the injury or which requires medical services other than first aid treatment must be reported within five days after the injury. If the injury results in death, a report must be made by telephone or telegraph directly to the Division of Labor Statistics and Research, San Francisco, not later than 24 hours after death.

| EMPLOYER                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                 | POLICY NUMBER                                                                                                                                                                       | DO NOT WRITE<br>IN THIS COLUMN |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Name (Give name under which concern does business)                                                                                                                                                                                                                                                | <u>Altfillisch Construction Co.</u>                                                                                                                                             |                                                                                                                                                                                     | Case No.                       |
| 2. Office Address (No. and Street)                                                                                                                                                                                                                                                                   | <u>Rt 1 Box 159 B</u>                                                                                                                                                           | <u>Corona, Calif.</u>                                                                                                                                                               | Employer No.                   |
| 3. Nature of business (Manufacturing shops, retailing men's clothes, trucking for hire, etc.)                                                                                                                                                                                                        | <u>farming &amp; horse training &amp; breeding</u>                                                                                                                              |                                                                                                                                                                                     | Industry                       |
| INJURED EMPLOYEE                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                 | SOCIAL SECURITY NUMBER                                                                                                                                                              | Age                            |
| 4. Name                                                                                                                                                                                                                                                                                              | <u>Sirhan Sirhan</u>                                                                                                                                                            |                                                                                                                                                                                     | Sex and Marital Status         |
| 5. Address (No. and Street)                                                                                                                                                                                                                                                                          | <u>c/o Rt 1 Box 159 B</u>                                                                                                                                                       | <u>Corona,</u>                                                                                                                                                                      | Weekly Wage                    |
| 6. Age <u>22</u>                                                                                                                                                                                                                                                                                     | 7. Sex: Check (✓) Male <u>X</u> Female                                                                                                                                          | 8. Check (✓) Married <u>X</u> Single                                                                                                                                                | County                         |
| 9. Number of hours worked per day                                                                                                                                                                                                                                                                    | per week                                                                                                                                                                        | Number of days worked per week <u>6</u>                                                                                                                                             | Accident Date                  |
| 10. Wages \$ <u>86.54</u> per hour, or \$ <u>86.54</u> per week (If earnings at irregular rate, such as piece work or on commission basis, enter actual average weekly earnings for convenient period not to exceed one year.)                                                                       | 11. If board, lodging, or other advantages furnished in addition to wages, give estimated value \$ <u>      </u> or \$ <u>      </u> per week.                                  |                                                                                                                                                                                     | Occupation                     |
| 11a. Under which classification of your policy were his wages carried?                                                                                                                                                                                                                               |                                                                                                                                                                                 |                                                                                                                                                                                     | Accident Type                  |
| ACCIDENT                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                 |                                                                                                                                                                                     | Agency                         |
| 12. Place of accident (No. and Street)                                                                                                                                                                                                                                                               | <u>13200 Citrus</u>                                                                                                                                                             | <u>Norco,</u> (County) <u>Riverside</u>                                                                                                                                             | Agency Part                    |
| 13. On employer's premises (Yes or No)                                                                                                                                                                                                                                                               | <u>Yes</u> Department <u>training barn</u>                                                                                                                                      |                                                                                                                                                                                     | Mech. Defect                   |
| 15. Date of accident <u>9-25-66</u>                                                                                                                                                                                                                                                                  | 16. Hour of day <u>9:30 AM</u>                                                                                                                                                  | 17. Did injury result in disability beyond day of accident? (Yes or No) <u>Yes</u> 18. If yes, give date last worked <u>9-25-66</u>                                                 | Unsafe Act                     |
| 19. Was injured paid in full for this day? (Yes or No) <u>Yes</u>                                                                                                                                                                                                                                    | 20. If injured in a mine, check (✓) accident location: Surface <u>  </u> Mill <u>  </u> Underground <u>  </u> Shaft <u>  </u>                                                   |                                                                                                                                                                                     | Personal Defect                |
| CAUSE OF ACCIDENT                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                 |                                                                                                                                                                                     | Nature of Injury               |
| 21. Occupation (job title) <u>Exercise boy</u>                                                                                                                                                                                                                                                       | 22. How long employed by you at this occupation? Check (✓) Less than 6 mos. <u>X</u> 6 mos. to 2 yrs. <u>  </u> over 2 yrs. <u>  </u>                                           | 23. What was employee doing when accident occurred? (Describe briefly such as: loading truck, operating drill press, shoveling dirt, walking down stairs, etc.) <u>riding horse</u> | Location                       |
| 24. How did the accident happen? (Describe fully, stating whether the injured person fell, was struck, etc.; give all factors contributing to accident, the other side of report for additional space) <u>while working horse, horse started to drift and saddle turned - throwing exercise boy</u>  | 25. What machine, tool, substance, or object was most closely connected with the accident? (Name the specific machine, tool, appliance, gas, liquid, etc., involved.) <u>  </u> |                                                                                                                                                                                     | Extent of Injury               |
| 26. If mechanical apparatus or vehicle, what part of it? (State if gears, pulley, motor, etc.) <u>  </u>                                                                                                                                                                                             | 27. Were mechanical guards or other safeguards provided? (Yes or No) <u>  </u>                                                                                                  | 28. Was injured using them? (Yes or No) <u>  </u>                                                                                                                                   | Insurance Carrier              |
| 29. What do you recommend for preventing this type of accident? (State the specific preventive measure that can be taken by employer and workers. Do not say, "By being more careful." Specify what should or should not be done.) <u>  </u>                                                         |                                                                                                                                                                                 |                                                                                                                                                                                     | Report Log                     |
| NATURE OF INJURY AND PART OF BODY AFFECTED                                                                                                                                                                                                                                                           |                                                                                                                                                                                 |                                                                                                                                                                                     | Coded By                       |
| 30. (Describe in detail the nature of the injury and the part of the body affected. For example: amputation of right index finger at second joint, fracture of ribs, lead poisoning, dermatitis of left hand, etc.) <u>laceration l upper laceration of chin, contusion of back, cont. of l hand</u> | 31. Name and address of physician <u>Richard A. Nelson, Hamner St., Norco,</u>                                                                                                  |                                                                                                                                                                                     |                                |
| 32. Name and address of hospital <u>Corona Community Hospital, Corona, Calif.</u>                                                                                                                                                                                                                    | 33. Has employee returned to work? (Yes or No) <u>NO</u> 34. If yes, give date <u>  </u>                                                                                        |                                                                                                                                                                                     |                                |
| 35. At what wage? \$ <u>  </u> per <u>  </u>                                                                                                                                                                                                                                                         | 36. Did injury result in death? (Yes or No) <u>NO</u> 37. If yes, give date <u>  </u>                                                                                           |                                                                                                                                                                                     |                                |
| 38. In case of death, give name and address of nearest relative <u>  </u>                                                                                                                                                                                                                            | 39. Is injured person employed by State or Federal Government, or relative (by blood or marriage) of the Employer? Give details <u>  </u>                                       |                                                                                                                                                                                     |                                |
| 40. Was injury caused by anyone else? <u>  </u> How <u>  </u> Address <u>  </u>                                                                                                                                                                                                                      | 41. On reverse side list names and addresses of witnesses. <u>  </u>                                                                                                            |                                                                                                                                                                                     |                                |
| 42. Date Employer was notified of injury <u>immediately</u> When will injured return to work? <u>unknown</u>                                                                                                                                                                                         | Signed by <u>  </u> Official position <u>Office Manager</u> Date <u>9-30-66</u>                                                                                                 |                                                                                                                                                                                     |                                |
| Telephone <u>  </u>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                 |                                                                                                                                                                                     |                                |

L-31-91

| POLICY NUMBER                                                        |               |         |     |        |       | CLAIM NUMBER |                       |                       |          |            |
|----------------------------------------------------------------------|---------------|---------|-----|--------|-------|--------------|-----------------------|-----------------------|----------|------------|
| COL                                                                  | INCURRED DATE | LMT     | ST. | DIV.   | MO/YR | SERIAL       | DIV.                  | LTR.                  | SERIAL   | CLASS.     |
| 1                                                                    | 10-07-66      | 000     | 04  | 20     | 210   | 056370       | 02                    | X                     | 203465   | 0037       |
| ALTFILLISCH CONSTRUCTION CO., INC.<br>Box 159B Rt. 81 Corona, Calif. |               |         |     |        |       |              |                       |                       |          | EMP. ADG.  |
| Miller & Ames of Calif.<br>3625 W. 6th St.<br>Los Angeles, Calif.    |               |         |     |        |       | ACC. DATE    | TYP                   | EXT.                  | W. I. I. | PROD. CODE |
|                                                                      |               |         |     |        |       | 09-25-66     | 0                     | 2/0                   |          | 5715       |
|                                                                      |               |         |     |        |       | 01-01-66-67  | POL. TERM             |                       |          |            |
| SIRHAN, SIRHAN<br>c/o Rt. 1 Box 159B<br>Corona, California           |               |         |     |        |       |              | CLAIMANT NAME ADDRESS |                       | FIRST    |            |
| fac. up chin bk<br>Norco, Calif.                                     |               |         |     |        |       |              |                       |                       | CAUSE    |            |
| Richard A. Nelson<br>Hammer St., Norco, Calif.                       |               |         |     |        |       |              |                       |                       | CAUSE    |            |
|                                                                      |               |         |     |        |       |              |                       |                       | LOCATION |            |
|                                                                      |               |         |     |        |       |              |                       |                       | DOCTOR   |            |
|                                                                      |               |         |     |        |       |              |                       |                       | ADDRESS  |            |
| INDemnITY                                                            |               | MEDICAL |     | ALLOC. |       | TOTAL        |                       | COMPENSATION RECEIVED |          |            |
| 2200                                                                 |               | 250     |     | 00     |       | 250          |                       | 00                    |          |            |

## CLAIM CLOSING ADVICE

### TO TABULATING DEPARTMENT

|           | OLD RESERVE | NEW RESERVE |
|-----------|-------------|-------------|
| Indemnity | \$ 0        | \$ 0        |
| Medical   | \$ 24.60    | \$ 24.60    |
| Allocated | 0           | 0           |
| Total     | \$ 24.60    | \$ 24.60    |
| Date      | 6.7         | Division    |

CLN-340

852

9-26-66  
135 P.M. 50

266 153.83 853

47860

9/13/16

### PATIENT'S STATEMENT

# ARGONAUT INSURANCE

|                   |                |                        |
|-------------------|----------------|------------------------|
| TO <u>10/2/69</u> | FROM <u>11</u> | DATE <u>10/2/69</u>    |
| INJURED <u>1</u>  |                | POLICY #               |
| INSURED <u>1</u>  |                | POLICY TERM            |
| CONVERSATION WITH |                | CLAIM # <u>2-03445</u> |

OK to pay & close.

Code 3

OK  
10/28/66

CLM 547-R1

854

ALTFILLISCH CONSTRUCTION COMPANY, INC.  
BOX 159B Rt. #1  
Corona, Calif.

# CLAIMS COVERAGE SHEET

Miller & Ames of Calif.  
3625 W. 6th St.  
Los Angeles, Calif.

CLAIM NO. 203445

CODE NO. 5715

POLICY NO.

POLICY TERM

20-210-056370

1/1/66-67

## ENDORSEMENTS AFFECTING COVERAGE:

All Exec. Officers

FACTS OF ACCIDENT, EXTENT, DESCRIPTION OF LOSS  
OR INJURY:

|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|---------------|--|---------------|--|-----------|-----------------|-------------|--|-------------------------------|--|---------------------------------------------------------------|--|------------|--|-------------|--|----------------|--|------------|--|------------------|--|---------------|--|----|--|-----|--|--------|--|-------------|--|--------|--|-------------|--|---|--|---|--|---|--|
| INDIVIDUAL    |  |               |  | CO - PART |                 | CORPORATION |  | OTHER                         |  | LOSS LOCATION:                                                |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 | X           |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
| POL. FORM     |  | KIND COVERAGE |  |           | LIMITS / AMOUNT |             |  | REIN                          |  | CO.                                                           |  | LOSS PAYEE |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
| COMPREHENS.   |  |               |  |           |                 |             |  | YES                           |  | H<br>A<br>Z<br>A<br>R<br>D<br>I<br>N<br>V<br>O<br>L<br>V<br>E |  | OLT        |  | CONTRACT    |  | MALPRACTICE    |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  | M/C        |  | MED. PAY.   |  | X COMPENSATION |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
| SCHEDULE      |  |               |  |           |                 |             |  | NO                            |  |                                                               |  | ELEV.      |  | CPL         |  | OTHER          |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  | X                             |  |                                                               |  | PROTECT.   |  | COMPR. FORM |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  | PROD.      |  | STOREKEEP.  |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
| MAKE-UP CLAIM |  |               |  | X         |                 | C           |  | A                             |  | DP                                                            |  | T          |  | E           |  | R / I          |  | DEDUCTIBLE |  |                  |  | ACCIDENT DATE |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
| ND. OR LOSS   |  | MED.          |  | ALLOC.    |                 | S<br>X      |  | CLAIMANT                      |  |                                                               |  |            |  |             |  |                |  | LINE       |  | LTS<br>OR<br>COV |  | CLASS         |  | ST |  | TER |  | S<br>D |  | S<br>Y<br>M |  | D<br>C |  | A<br>G<br>E |  | 1 |  | 2 |  | 3 |  |
|               |  |               |  |           |                 | 0           |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  | 0037          |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 | 1           |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 | 2           |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 | 3           |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 | 4           |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 | 5           |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 | 6           |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 | 7           |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 | 8           |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  | 855                           |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  | 2025 RELEASE UNDER E.O. 14176 |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
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|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |
|               |  |               |  |           |                 |             |  |                               |  |                                                               |  |            |  |             |  |                |  |            |  |                  |  |               |  |    |  |     |  |        |  |             |  |        |  |             |  |   |  |   |  |   |  |

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

FLAVIO TOTEN, 280 Bella Vista Avenue, Pasadena, California, advised that his father, ASHLEY L. TOTEN, was appointed under former President JOHN F. KENNEDY as a Commissioner for the Virgin Islands Development Program in 1962. TOTEN said that his father died in 1963 while on this job. FLAVIO TOTEN said that he, himself, lived in Washington, D.C., from approximately 1942 to 1962 and during the years from approximately 1952 to 1962 he was employed at the Embassy of Burma in Washington, D.C. He said that during this time he had met Senator ROBERT F. KENNEDY, on occasion, and that he had great respect for him. He said that he even recently had maintained correspondence with Senator KENNEDY and that he hoped should KENNEDY be elected, he would be able to go back to Washington and work in the administration in some capacity.

Mr. TOTEN said that he is a customer at the Richfield Gas Station owned by JACK DAVIES, 2529 East Foothill, Pasadena, where SIRHAN SIRHAN was formerly employed. Mr. TOTEN said that approximately two years ago he met SIRHAN at the station and that he saw him quite frequently in connection with using the services of this station while SIRHAN SIRHAN was employed there. He said that he and SIRHAN passed the time of day on occasion and that their discussions never encompassed any political views which either he or SIRHAN had, but that he does recall SIRHAN frequently stated that he had "No money. Just hard work".

He said that SIRHAN seemed to him to be a warm and friendly individual and that he cannot recall SIRHAN ever making any remark which could be considered anti-United States.

TOTEN further advised that during his discussions with SIRHAN, he determined that SIRHAN was attending Pasadena City College and that SIRHAN mentioned to him that he may possibly someday hope for some kind of a diplomatic career, however, the details of this were not discussed in depth.

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-856

On 6/7/68 at Pasadena, California File # Los Angeles 56-156

by SA RONALD H. BROYLES/alm/HMS Date dictated 6/7/68

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<sup>2</sup>  
LA 56-156

When asked concerning a family by the name of MOKHTARIAN, BELL advised there was an ALEX and DEBORAH MOKHTARIAN who attended the Church around the same time as the SIRHAN family. He said he was not familiar with anyone by the name of HECTOR MOKHTARIAN nor did he know if the MOKHTARIAN family lived on Elizabeth Street in Pasadena. He said that approximately five years ago one of the sons of ALEX and DEBORAH MOKHTARIAN, who was an alcoholic, took his own life. Shortly after this ALEX and DEBORAH MOKHTARIAN were divorced and he believes that neither one still lives in the Pasadena area. He said there is a large clan of this family, but he believed that the children were by another man and, therefore, have another name which he could not recall.

BELL added that when hearing on the radio that SIRHAN SIRHAN was possibly involved with the shooting of ROBERT F. KENNEDY, he immediately telephoned Captain CARL LINDHOLM, a personal friend who is a member of the Pasadena Police Department and told LINDHOLM that he knew the SIRHAN family in the event he could be of any help in dealing with members of the family.



## FEDERAL BUREAU OF INVESTIGATION

1Date 6/7/68

VARTAN MALIAN, Foothill Liquors, 2547 East Foothill Boulevard, Pasadena, California, advised that SIRHAN SIRHAN used to come into his business when he worked at the Richfield Service Station located at 2529 East Foothill Boulevard, Pasadena, California.

MALIAN advised that he never knew SIRHAN personally and never carried on any type of conversation with SIRHAN. He advised that several of the employees who worked at the Richfield Service Station would come into his business for either cigarettes or candy but none of them actually became friendly or talked freely to him.

He advised that after seeing a photograph of SIRHAN on television, he realized that this was the individual who used to work at the Richfield Service Station in 1964.

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156

SAs ROLAND H. BROYLES and  
by ALLEN K. TOLEN/AKT/rah Date dictated 6/7/68

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## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

Mrs. NELL GORIS, 675 East Howard Street,  
Pasadena, California, furnished the following information:

She has resided at that address for approximately seven years. She is acquainted with Mrs. MARY SIRHAN who has resided in the neighborhood for approximately the same period of time. She was not acquainted with the sons of MARY SIRHAN on an individual basis, but it was her recollection that there were two sons who resided with her, one of which she believed to be SIRHAN SIRHAN, and two or three other sons who lived in an apartment in the area and who came and had supper with the mother and other members of the family in the evening.

Mrs. MARY SIRHAN visited in her residence on one or two occasions, and their acquaintance came about through her husband, Mr. GORIS, who, for a period of time, worked at the Westminster Presbyterian Church located on Lake Avenue in Pasadena, where Mrs. MARY SIRHAN was employed at the Westminster Nursery School. Her husband is currently employed at the Pasadena Humane Society. It was her recollection that the SIRHANs had a close family relationship, and the two SIRHANs who resided with the mother, one of which she believed was SIRHAN SIRHAN, were always well dressed and neat in their appearance while attending school in the area. Her acquaintanceship with Mrs. MARY SIRHAN and her family was very limited, however, an acquaintance, Mrs. THEODORA VON AMERSFOORD was employed at the Westminster Nursery School with Mrs. MARY SIRHAN, the mother of SIRHAN SIRHAN, and she may have some more personal knowledge of the family and their activities. She stated that another neighbor had related to her that Mrs. SIRHAN was extremely worried at one time, approximately two years ago, shortly after she lost her daughter, who lived in Palm Springs, California, when SIRHAN SIRHAN left the residence, and Mrs. MARY SIRHAN did not know his whereabouts for quite sometime. He later returned home, and

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156

by SA JOHN J. FLYNN/eb Date dictated 6/8/68

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Mrs. SIRHAN indicated that he had lived with a group of boys and girls during the time that he was away from home. She identified the neighbors who related this to her as Mrs. WENSINK, 804 East Howard Street, Pasadena, California. She related that DAVID HENDRICKSON formerly resided at 681 East Howard until approximately two years ago, and they had moved to 612 Coleman, Pasadena, California. Their children were younger than the members of the SIRHAN family, however, she did occasionally see the members of the SIRHAN family playing ball with the son of DAVID HENDRICKSON who is graduating from John Muir High School at this time. She had no information concerning the employment or acquaintances of SIRHAN SIRHAN and was not familiar with his most recent day to day activity.

## FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

Mrs GABRIELA BREA, 687 East Howard Street, Pasadena, California, advised that she has resided at that address for about a year and one half. She is aware that a family, whom they describe as an Arab family, reside across the street from the residence. She is not acquainted with any member of the family but would recognize the mother of the family. She also was aware of several male individuals residing at the address, however, she did not know them by their individual names. She identified a Los Angeles Police Department photograph, dated June 5, 1968, with Booking Number 495139, SIRHAN SIRHAN, as one of the individuals residing across the street from her. She had no information concerning this individual's employment, acquaintances or his recent activities.

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156

by SA JOHN J. FLYNN/eb Date dictated 6/8/68

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## FEDERAL BUREAU OF INVESTIGATION

1

6/8/68

Date \_\_\_\_\_

JOSE BREA, 681 East Howard Street, furnished the following information:

He and his wife, GABRIELA, have resided at that address for approximately one and one half years. They were not acquainted with the SIRHAN family residing across the street from them. He and his family did not know the name of the SIRHANs until reading about it in the newspapers. They had referred to the family as the Arab family residing across the street. They knew the mother of the family by sight, however, they did not know all of the male individuals who resided in the same residence.

He identified the individual in the Los Angeles Police Department photograph taken June 5, 1968, under Booking Number 495139 as one of the individuals residing in the residence across the street from him. He had no information concerning the employment or acquaintances of this individual. He had no information concerning the recent activities of the individual.

On 6/7/68 at Pasadena, California File # Los Angeles 56-156  
by SA JOHN J. FLYNN/eb Date dictated 6/8/68

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## FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

Mr. GEORGE ANTHONY FAURE, 1540 El Molino,  
Pasadena, furnished the following information:

He and his wife, IRMA FAURE, have been residents at that address for approximately four years. They were acquainted with Mrs. MARY SIRHAN who resided across the street from them. He was not acquainted with the members of the SIRHAN family but believed the family consisted of four or five young men, and he saw them coming and going on many occasions during the time they have resided there. He did not know the names of the individual family members. He did not know where any of the family members worked and had no knowledge of their recent activity. He believed that a Mr. DANNY BEDELIAN who occupies a house attached to a former grocery store at 1525 North El Molino was acquainted with SIRHAN SIRHAN, whose photograph he recognized in the newspapers as one of the individuals residing with Mrs. MARY SIRHAN, and their acquaintanceship extended over several years. He believed that BEDELIAN spoke Syrian or Arabic language and could converse with SIRHAN in that language. He did not know any other acquaintances of SIRHAN SIRHAN.

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156  
by SA JOHN J. FLYNN/eb Date dictated 6/8/68

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## FEDERAL BUREAU OF INVESTIGATION

1

Date June 7, 1968

On June 5, 1968, JAMES EDWARD BURN, Associate Pastor, Community Methodist Church, 918 West Avenue J, Lancaster, California, telephone number 942-0419, stated he presently resides at 214 East Nugent, Lancaster, telephone 942-4050.

BURN said he was formerly a Baptist Pastor and served as Associate Pastor under Pastor CHARLES BELL, First Baptist Church of Pasadena, 75 North Morengo Avenue, Pasadena. He resided at 743 East Howard Street, Pasadena, from about 1960 - 1965, during which time he was acquainted with the SIRHAN family.

BURN stated to the best of his recollection, Mrs. MARY SIRHAN and her children came to the United States from Jerusalem in about 1960. The father, name unknown, remained in Jerusalem as he and MARY apparently had marital problems. BURN said the only sons he can recall were named SAIDALLAH, SHARIF, and the younger son SIRHAN. He said he believes there was a daughter who came to the United States with them but he is not certain of her name. It may have been MARY, however, she did not reside with the family in Pasadena.

BURN said he knew the family through his church, as the mother was a member and faithful in church attendance. He also saw them in the neighborhood as the SIRHAN family resided at 1647 North Lake and later at 696 East Howard, which was near his own residence.

During the time he knew SIRHAN SIRHAN, he had several talks with him regarding belief in God. SIRHAN appeared to be a very intense atheist and could see no logical reason to believe in God. BURN stated SIRHAN also attended John Muir High School, Pasadena, during that period and was about a sophomore. He appeared to be very close to one of the high school teachers who furnished him with a great deal of literature to substantiate his beliefs in atheism. BURN said he does not know the name of this teacher but recalls that SIRHAN considered him an authority on almost all subjects

On 6/5/68 at Lancaster, California File # Los Angeles 56-156

by SA CURTIS H. HOLT/pjs Date dictated 6/5/68

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and perhaps associated with him as a substitute for his father. He said at the time he attempted to communicate with SIRHAN, he felt SIRHAN was receiving adult orientation, as many of his arguments were those used by adults.

BURN said the boys all seem to have a bitter attitude toward life, with the feeling that the world owed them a living. This was due in part to the resentment they had for their father who did not come with them to the United States.

He advised further that he did not recall any of the boys belonging to any organizations in the community. SIRHAN may have been a member of some club, but it would have been connected with John Muir High School.

BURN said the mother was employed by the Westminster Presbyterian Church near their residence. She worked in child care with the pre-school children. SHARIF SIRHAN was employed off and on as a painter and he said he cannot recall where SAIDALLAH was employed.

The SIRHAN family were close friends with the (First name unknown) MOKHTARIAN family who resided near them on Elizabeth Street in Pasadena. BURN said he believes the two families were related in some manner.

## FEDERAL BUREAU OF INVESTIGATION

1

June 7, 1968

Date \_\_\_\_\_

Dr. CHARLES R. BELL, JR., Pastor of the First Baptist Church of Pasadena, 75 North Marengo Avenue, telephone SY 3-7164, home telephone SY 4-4441, was contacted at the Church where he advised the following:

He recalled the SIRHAN family as having attended his church in the early 1960s. He could not recall exactly when the family started to attend church, but stated that the mother and three or four of the children then appealed to the Church to bring two other children to the United States from their home country. The other two children were SHARIF and SAIDALLAH SIRHAN. He thought that the other members of the family had been brought to the United States by a Seventh Day Adventist group. The family attended church regularly including various club functions of the Church, but the family never officially joined the Church.

BELL got SHARIF SIRHAN an accounting job with the Southern California Baptist Convention in Los Angeles and SHARIF was employed there for over a year when he was dismissed due to his allegedly placing a bomb in his girl friend's car. The SIRHAN family felt that Pastor BELL had SHARIF dismissed from his job when, in fact, BELL had no connection with the dismissal. He stated he tried to reason with the family to no avail and shortly thereafter the family stopped coming to church.

Of all the members in the SIRHAN family BELL had the least contact with SIRHAN SIRHAN and believes when SIRHAN SIRHAN was coming to the Church he was in his mid-teens. BELL personally believed the entire family was unstable probably due to the fact that the father more or less cut all ties with the family and the youngsters had no fatherly guidance. BELL stated he knew of no present or past member of the Church who was close to the SIRHAN family and who could offer any information concerning them.

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On 6/7/68 at Pasadena, California File # 56-156  
by SAs STANLEY W. MILLER and RAYMOND E. LINDSTROM Date dictated 6/7/68

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When asked concerning a family by the name of MOKHTARIAN, BELL advised there was an ALEX and DEBORAH MOKHTARIAN who attended the Church around the same time as the SIRHAN family. He said he was not familiar with anyone by the name of HECTOR MOKHTARIAN nor did he know if the MOKHTARIAN family lived on Elizabeth Street in Pasadena. He said that approximately five years ago one of the sons of ALEX and DEBORAH MOKHTARIAN who was an alcoholic, took his own life. Shortly after this ALEX and DEBORAH MOKHTARIAN were divorced and he believes that neither one still lives in the Pasadena area. He said there is a large clan of this family, but he believed that the children were by another man and, therefore, have another name which he could not recall.

BELL added that when hearing on the radio that SIRHAN SIRHAN was possibly involved with the shooting of ROBERT F. KENNEDY, he immediately telephoned Captain CARL LINDHOLM, a personal friend who is a member of the Pasadena Police Department and told LINDHOLM that he knew the SIRHAN family in the event he could be of any help in dealing with members of the family.

## FEDERAL BUREAU OF INVESTIGATION

1

June 7, 1968

Date \_\_\_\_\_

GEORGE A. MATAS, Business Administrator for the Southern California Baptist Convention, 816 South Figueroa Street, Los Angeles, telephone 628-8313, was contacted at his office where he advised the following:

SIRHAN SIRHAN is not now nor has he ever been associated with the Southern California Baptist Convention, however, his brother, SHARIF BISHARA SIRHAN, was employed there for approximately 1½ years, leaving that employment in December, 1963. SHARIF had been doing accounting work, but his attitude toward his work and his accuracy had deteriorated a great deal and he left their employment by mutual agreement.

MATAS recalled that SHARIF was sponsored into the United States as a refugee by another family in Pasadena, California. This family was a member of the First Baptist Church of Pasadena, 75 North Marengo Avenue, Pasadena and records concerning this family might possibly still be located at the church. His records reflect that the Social Worker connected with SHARIF was a Miss MILDRED CUMMINGS, 628A Irving Street, Alhambra, California.

MATAS stated he knew that SHARIF had a younger brother by the name of SIRHAN, but he never met SIRHAN nor heard SHARIF or anyone else make any comments concerning SIRHAN. MATAS could not recall any statements by SHARIF that he or other members of his family were at all disenchanted with life in the United States or with the administration of the United States Government.

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On 6/7/68 at Los Angeles, California File # Los Angeles 56-156  
by SAs STANLEY W. MILLER and  
RAYMOND E. LINDSTROM/SWM/mak/HMS Date dictated 6/7/68

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## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

GAYMOARD MISTRI, 825 East Delmar Street, Pasadena, California (Phone SY 6-7449), advised that he came to the United States from Bombay, India, five years ago. He related that he attended Pasadena City College (PCC), Pasadena, California, for two years after which he transferred to the Western State College of Engineering (WSC) at Inglewood, California. He studied there for two years and was graduated one week ago with a degree in Engineering. MISTRI explained that he is presently unemployed and in the process of seeking a job after obtaining his degree. He thereafter furnished information as follows:

In 1962 or 1963, MISTRI was attending PCC and belonged to a social club called the Foreign Students' Group. This club was for all foreign students on campus. Through the club, he developed speaking acquaintances with various other foreign students, one of whom was SIRHAN SIRHAN. MISTRI explained that their relationship was that of "casual acquaintances" and noted that he never knew SIRHAN by name until he was identified through the press as being the assassin of Senator ROBERT F. KENNEDY. He pointed out that their sole relationship was that of speaking to each other on campus or having coffee where other foreign students gathered. MISTRI recalled, however, that SIRHAN always called him "MISTRI."

MISTRI further explained that he continued to reside in Pasadena while attending WSC and would often eat or attend social functions on campus at PCC. On some occasions, he would see SIRHAN but estimates that in the last three years he has not seen him over four or five times.

In late March, 1968, MISTRI saw SIRHAN at the Santa Anita Racetrack, Arcadia, California. They talked for only a few minutes, and the conversation was mainly about the races. He recalled that SIRHAN asked about some mutual acquaintances and asked how MISTRI was doing. He noted that they talked for only three to five minutes.

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156

by SAs IRVIN B. WELLS, III and  
ROBERT H. MORNEAU, Jr./IBW/eb Date dictated 6/7/68

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On June 4, 1968, at approximately 6:10 p.m., MISTRI entered Bob's Big Boy Restaurant, 1616 East Colorado Boulevard, Pasadena. The restaurant is adjacent to the campus at PCC. MISTRI sat at the counter for approximately ten minutes after which SIRHAN entered the restaurant, recognized him and joined him at the counter. After greeting him, SIRHAN asked MISTRI to join him for dinner and stated, "The meal is on me." After MISTRI declined the offer, SIRHAN took MISTRI's check for coffee. After a few minutes of non-specific conversation, MISTRI began reading a newspaper which carried a caption concerning the Israeli-Jordan situation. SIRHAN noted the caption and said words to the effect of "things are wrong there." However, MISTRI did not pursue the conversation, and SIRHAN made no further comments concerning Israel, Jordan, or any other political situation or figure. SIRHAN's meal was served, and the remainder of the conversation was of horse racing, about which both had a mutual interest.

When SIRHAN finished his meal and paid the checks, he asked MISTRI where he was going. When MISTRI informed him that he was going to the PCC campus, SIRHAN stated, "I think I'll come with you."

They then walked to the campus cafeteria, during which time they again talked of horse racing. Upon entering the cafeteria, SIRHAN observed four Arab students whom he immediately approached. He introduced himself and MISTRI, after which a conversation ensued in Arabic. MISTRI recognized one of the students to be MOROOF BADRAN (phonetic), whose address MISTRI furnished from an address book as 5733 Benner Street, Apartment 7, Highland Park, Los Angeles. He did not recognize the other students. BADRAN and the other students then departed the cafeteria to attend a 7:00 p.m. class, and MISTRI and SIRHAN sat at another table.

MISTRI initially stated that inasmuch as they had just left the restaurant, he did not care for coffee, but at SIRHAN's insistence he ordered hot chocolate. A casual and non-specific conversation then began, during

which time, SIRHAN began toying with a small metal object which he held in his hands. When MISTRI asked what the object was, SIRHAN advised that it was something connected with a gun or bullet. MISTRI explained that SIRHAN told him what the object was but noted that he cannot now recall exactly what it was. He noted, however, that he is sure that it was connected with guns or bullets and stated that his impression is that it was a spent slug of a bullet which had been fired from its casing and subsequently recovered.

A detailed interview with MISTRI and an examination of a .38 caliber bullet failed to clarify exactly what type of object MISTRI had seen. He concluded, however, that he feels that it was a spent slug of a smaller caliber than the .38 caliber bullet displayed for clarification purposes.

After MISTRI inquired about the above mentioned object, he asked SIRHAN if he was a hunter. SIRHAN replied that he had hunted on occasion but noted that he was just learning about the sport. However, MISTRI noted that he then asked SIRHAN an unrecalled question about rabbit hunting and pointed out that, judging from the conversation that followed, he formed the opinion that SIRHAN had little or no knowledge about hunting or firearms.

Shortly thereafter, they departed the cafeteria and began walking to a campus parking lot where each had a car parked. While walking toward the lot, SIRHAN observed a new campus building and noted that the new building stands on what was a vacant lot when they attended PCC. SIRHAN then, referring to the time when they attended PCC as students, said words to the effect of, "That was a beautiful time ... when the political situation was better." MISTRI noted that he felt that the statement was odd and did not exactly understand it; however, inasmuch as he did not wish to continue the conversation, he made no comment and neither did SIRHAN.

While walking toward the lot, they came to a newspaper rack, from which MISTRI purchased a Preview Edition of the "Los Angeles Times." When SIRHAN stated that he also wanted a paper, MISTRI told him not to purchase one inasmuch as he, MISTRI, wanted only the classified ad section for job hunting purposes. MISTRI then took the classified ad section and gave the remainder of the paper to SIRHAN. MISTRI does not recall seeing SIRHAN look at the paper.



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As they approached their vehicles in the parking lot, SIRHAN asked MISTRI if he wanted to shoot pool. After MISTRI declined, SIRHAN lingered for a few moments talking about mutual friends. MISTRI recalled that SIRHAN asked such questions as how former students were getting along and how many children they now have.

As they entered their respective vehicles, MISTRI recognized that SIRHAN entered the same vehicle which he had when they attended PCC. He described the vehicle as an older model Chrysler product which was pink in color. MISTRI departed the lot first and did not observe the direction in which SIRHAN drove away. MISTRI estimated the time to be 7:15 to 7:30 p.m.

MISTRI could not recall the clothing worn by SIRHAN, other than he was not dressed in a coat or tie and wore a shirt and trousers.

MISTRI concluded by noting SIRHAN made no comment about Senator ROBERT F. KENNEDY, the current political situation, or the primary election being held in California. Further, he stated that SIRHAN gave no indication of emotional instability or any type of contemplated violent act. MISTRI further noted that when SIRHAN asked him to go shoot pool, there was no time limit suggested. He further stated that it was his opinion that SIRHAN appeared to be lingering with nothing to do and was seeking his company. He noted, however, that no time limit was suggested about shooting pool, inasmuch as he refused SIRHAN's offer outright.

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

ABDO JABRA MALKI, 356 South Waldo, Pasadena, telephone 792-3430, was interviewed at his residence and furnished the following information:

He first met SIRHAN SIRHAN on June 4, 1968, in the cafeteria at the Pasadena City College (PCC). MALKI was at the campus center studying for an examination and at about ten minutes before 7:00 p.m., he left the center with MAROUF BADRAN and ANOUR SAIGH and went to the cafeteria on the campus to have a cup of coffee before going to a 7:00 class. Just after MALKI had obtained his coffee and was seated at the table, SIRHAN came in and walked over to their table and was introduced by BADRAN or introduced himself. MALKI could not recall if anyone came in with SIRHAN or after him, but did remember another person at the table, whom he could only describe as being "fat".

MALKI stated SIRHAN was engaged in conversation with ANOUR SAIGH about their travel to the United States and how they had come by plane and ship. He said they had both entered the United States about 12 years ago.

MALKI was only at the table between five and ten minutes when he and SAIGH left because they both had classes at 7:00 and it was about two minutes till 7:00 when they left.

MALKI said he could not recall anything specific about SIRHAN and that his first and only impression was that SIRHAN was a "small guy" who was laughing and smiling during the meeting.

MALKI did not recall SIRHAN until the following morning when he and MAROUF BADRAN were watching television and learned that SIRHAN had been accused of the assassination of Senator KENNEDY. It was when BADRAN reminded MALKI of who SIRHAN was that he remembered meeting him the night before.

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On 6/8/68 at Pasadena, California File # Los Angeles 56-156

SAs GORDEN J. REID, JR., CHARLES L. SAWYER, JR.  
by and JOHN F. RUSSELL/GJR/asi Date dictated 6/8/68

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MALKI stated he entered the United States at Seattle, Washington, on July 22, 1967, on a Jordanian passport, number [REDACTED]. He came to the United States as a permanent resident and is presently unemployed, being engaged as a full-time student at PCC.

MALKI reiterated he had never seen SIRHAN prior to their meeting in the cafeteria and would not have been able to identify him had it not been for the photograph on television the following morning. He did not remember what type or color of clothing that SIRHAN was wearing when they met, only that SIRHAN was dressed casually and it was not a suit or tie.

MALKI said he does not know where SAIGH lives but it is somewhere in the Pasadena area and has telephone number 14-7933-768.

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

MAROF MOHAMMAD BADRAN, also known as Maruf Muhammad Badran, 5733 Benner Street, Apartment 7, Highland Park section, Los Angeles, California, telephone number 254-0434, was interviewed at his apartment home.

BADRAN advised that he is a student at the Pasadena City College (PCC), Pasadena, California.

He stated that he was born on [REDACTED] at Silwan, a suburb of Jerusalem, Jordan. He stated that he entered the United States at Los Angeles on August 25, 1965, on a non-immigrant visa dated August 6, 1965, at Valencia, Spain, as a student, passport number [REDACTED].

He stated that he enrolled at PCC in September 1965, and continues as a student as of the present time.

BADRAN advised that he is employed part-time as a "box boy" at Kory's Market, York Boulevard and Figueroa Street, Los Angeles, California.

BADRAN advised that approximately one week after coming to the United States, he went with his brother, GHALEB BADRAN, to an Arab "Festival" in Glendale, California, the location of which he could not recall.

BADRAN advised that at this festival, he was introduced to SIRHAN SIRHAN, a Jordanian who was a sometimes student at PCC. He stated that following this festival, he saw SIRHAN in or around PCC. He advised that he does not think that SIRHAN was attending the college at the time but he got the impression that he was coming around the school because of his association with students and friends at the college.

BADRAN advised that SIRHAN was a rather quiet type of an individual and that he did not appear to have any real close friends.

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On 6/8/68 at Los Angeles, California File # Los Angeles 56-156

SAs GORDON J. REID, JR., CHARLES L. SAWYER, JR.  
by and JOHN F. RUSSELL, JR./JFR/asi Date dictated 6/8/68

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BADRAN advised that on two or three occasions, he had coffee with SIRHAN at Bob's Big Boy Restaurant, which is located on Colorado Boulevard adjacent to PCC.

BADRAN advised that he has never been a close friend of SIRHAN, has never been in his company for any extended period and has only seen him and talked with him in casual meetings around the college.

He stated that he last saw SIRHAN on Tuesday evening, June 4, 1968, at approximately 7:00 PM. He stated that on this occasion, he had stayed at the school library to study for a test which he was having the next day. He stated that at about 7:00 PM, he went from the library to the college cafeteria for coffee with ANWAR SAOIG and ABDUE MALKI. He stated that shortly after they arrived at the cafeteria, SIRHAN and an Indian student, whose name is MISTIG (Last Name Unknown)(LNU), came in the cafeteria and over to the table which they were occupying. He stated that they engaged in general non-specific conversation, the text of which he could not recall. He stated that after one or two minutes after SIRHAN and MISTIG appeared, an Armenian girl, NURA (LNU), came by with some of her paintings and she asked him, MAROF, to help her carry the paintings to her classroom. Then, on his way back to the library, he saw SIRHAN and MISTIG leaving the cafeteria. BADRAN stated that the time interval between his arrival at the cafeteria and SIRHAN's appearance was not more than one or two minutes and that the interval from the time BADRAN left the cafeteria until he saw SIRHAN leaving the campus center was about ten minutes.

He stated that SIRHAN did not appear to be emotionally upset or disturbed in any manner but that he seemed in a "pleasant mood".

BADRAN advised that he does not recall specifically what SIRHAN was wearing but he believes that he was wearing casual clothes.

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BADRAN advised that he later went to his apartment with ABDUL MALKI and FARUK BADAWI to study for the final exam to be held the next morning.

BADRAN advised that he was not aware of the identity of the alleged assassin of Senator KENNEDY until around 11:00 AM on June 5, 1968. He stated that after the examination was over at the college, he and ABDUL MALKI went to MALKI's home and it was during the time they were having lunch that he learned, via television, that SIRHAN was identified as the alleged assassin. He stated that he was shocked as SIRHAN seemed like a quiet, pleasant individual whom he did not believe was capable of such a crime.

He stated that in his limited association with SIRHAN, he has never heard SIRHAN express any resentment or animosity towards either Senator KENNEDY or the United States Government.

BADRAN stated he was not sure of the exact spellings of any of the names he had given to the interviewing Agents other than his own and his brother's, but they were as close as he could recall. He said he did not know the address or telephone number for ANWAR SAOIG nor did he know the address for ABDUL MALKI, but MALKI's telephone number is 792-3430 and MALKI resided somewhere in the nearby Pasadena area.

BADRAN stated that he does not know of any girl friends or close associates or friends of SIRHAN.

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

MARGARET LEE (PEGGY) OSTERKAMP contacted at her home, 8301 Archibald, in Corona. This is also the home of her father, JOSEPH OSTERKAMP, and the location of his dairy and ranch. PEGGY advised that she worked as an exercise girl for the Granja Vista Del Rio Farms from about Christmas of 1965 until about April of 1966. She has had frequent contact with that farm and with the employees there since that date. She said that she first met SIRHAN SIRHAN and was introduced to him as SOL SIRHAN by JANICE DUCY in the fall of 1966. JANICE DUCY resides at 2266 Hillside, Norco, California. JANICE had worked the summer of 1966 at the Granja Vista Del Rio Farms and had worked as an exercise girl in the same area as did SIRHAN. PEGGY advised that she only exchanged a few words of conversation with SIRHAN and that he talked mostly with JANICE on the day that she first met him. She advised that this meeting was at the Los Angeles County Fair in Pomona, California, near the race track area where she and JANICE were watching the horses as they were being prepared for the race.

PEGGY advised that the only other meeting she ever had with SIRHAN was in a local restaurant in Corona when she and an unrecalled girl friend were having lunch, and he picked up her meal ticket and paid it at the cashier's. She advised that she never dated him, she never received any telephone calls from him and that she had never given him any thought. She advised that she did not recognize him on the television but was called by JANICE DUCY and told that she believed it was the same person that they had worked with in the summer of 1966.

PEGGY was asked if she could explain why her name appeared in several locations in the notebook or diary kept by SIRHAN. She said she was very surprised at this and had no idea as to why her name should appear in his book. She

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On 6/6/68 at Corona, California File # Los Angeles 56-156

by SA LANFORD L. BLANTON:asi:ssl Date dictated 6/7/68

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advised that he never made any approaches to her in anyway. She said there was another girl who had worked during the summer with SIRHAN and who was a good friend of her's. She said this was LINDA SEABOLT, who is presently employed as a clerk in the Senior High School in Norco, California.

She advised TERRY M. WELCH worked at Granja Vista-Del Rio Farms but she does not believe that he had anything to do with SIRHAN. She advised that she knew he did not live with STEVE GUERRERO or with RICK VALDEZ. She advised that RICK VALDEZ is presently with the Green Thumb Farms in Descancio, California, near San Diego, California. She advised that RICK was having family troubles at the time he was working at the farms and both RICK and STEVE were there when she was at the farms and not there when SIRHAN was so employed.

PEGGY advised that she did not know SIRHAN and have enough contacts with him to ever engage in any discussion other than just about horses. She said that she had no idea of his personality and that he had never been discussed to any extent when she was present by any of the other persons that worked there during the summer and fall of 1966. She advised that she had the distinct impression that he was just another employee and one that was not too popular or too well liked at the farm.

PEGGY advised that she believes that JANICE DUCY and LINDA SEABOLT would be able to furnish much more information than she, PEGGY, concerning SIRHAN. She advised that she never heard of any girl in this area dating SIRHAN and had no idea who he might have seen recently.

PEGGY is white female, 5'8", 120 pounds, born [REDACTED] blond hair, blue eyes, fair skin, attractive.

## FEDERAL BUREAU OF INVESTIGATION

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6/8/68

Date \_\_\_\_\_

JANICE ELAINE DUCY was contacted at the Corona High School where she is a senior. She resides at 2266 Hillside Avenue in Norco, California. She stated that two years ago in the summer which would have been 1966, she worked for two and one half months at the Granja Vista Del Rio Farms as an exercise girl and as a groom. She knew a person there by the name of SIRHAN SIRHAN that she referred to as SOL SIRHAN. She observed his photograph on the television on June 5, 1968, as being the person who shot ROBERT F. KENNEDY in Los Angeles.

She advised that she and LINDA SEABOLT had worked at the farms in the summer, along with TERRY WELCH, an unrecalled Mexican boy, and SIRHAN SIRHAN. She advised SIRHAN was no particular friend of anyone. He did not date any girls in the area, and he did not run around with the other employees. He lived near the corner of Fifth and Hamner in Norco, California. She believes that he lived alone or with someone who worked in the area. She said she was never at his residence but had seen his car parked on that corner several times and assumed that he lived right in that area. She said he did not like the Norco area and commented that he had traveled home most of the time on weekends to Pasadena and that he continually talked about how much better Pasadena was than Norco. She advised that she never heard him make any political type comments or enter into any discussions regarding politics. She said the only comment she had ever heard him make against anyone was that he had referred to Jewish people as "dirty Jews." She said that although he was well spoken and appeared to be well educated and had a good vocabulary, he was prone to use very foul language in the presence of both girls and boys. She said that he did not appear to be the type of person that was suited to handle horses and other animals, as he continuously treated them in a cruel manner and seemed to be quite a bit afraid of them. He seemed to have a chip on his shoulder due to this and because of his small size. She

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said that she heard him make comments that many of the great people in the world had been very small people, pointing out NAPOLEON and HITLER specifically. She said that he was very set in his ideas, and in any type of discussion, he was the type person that was unyielding in any form. She advised that the only school she ever heard him talk of was John Muir High School in Pasadena, California.

JANICE said that SIRHAN desired to be a jockey but she did not think he was a particularly good rider and that he seemed to be too afraid of the horses to ever make a good jockey. She advised that she heard later that he was fired, and she has never seen or heard anything about him since the fall of 1966. She said that she quit in September of 1966 to return to school but that she and a girl friend of hers, PEGGY OSTERKAMP, had run into SIRHAN at the Pomona racetrack at the Los Angeles County Fair in the fall of 1966. She advised that she had introduced PEGGY to him at that time and that that was the first that PEGGY had ever seen this person. She said that PEGGY told her sometime later that she had observed SIRHAN in a local restaurant in Corona and that he had walked over, picked up her ticket and paid it at the cashiers without saying anything more than, "Hello. How are you?" She advised that she is sure that PEGGY never dated SIRHAN and believes that if PEGGY had ever received any phone calls or invitations from him that she, JANICE, would have heard of this.

JANICE says that she does not know of any girl friends or boy friends in the area at the present time who might know SIRHAN. She advised that she did not believe that he was acquainted with RICK VALDEZ or STEVE GUERRERO but that he did know TERRY WELCH. She said that WELCH had teased him quite often at the farms and did not believe that they were very good friends.

JANICE is white female, born [REDACTED] brown hair, blue eyes, fair complected, 5'5", 115 pounds.

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On June 6, 1968, a neighborhood investigation was conducted on Hamner Avenue in Norco, California, in an effort to locate the prior residence of SIRHAN SIRHAN. The only motel located in that area is the Highlander Motel operated by a Mrs. VALENTINE. She made available the records for June through December of 1966. She stated she was not at this motel at that time. There was no registration shown for a SIRHAN SIRHAN. It was noted that in Apartment 3 (someone had commented they believed that SIRHAN stayed in Apartment 3) an EDWARD VAN ANTWERP resided here during June and part of July, 1966. Thereafter, it was occupied by PAUL PALOUS.

On June 6, 1968, Mrs. IDA ROWND at 1880 West Fifth Street, Norco, California, advised that she believed that SIRHAN SIRHAN had resided for about four or five months in one of the small houses that she rents at 1850 West Fifth Street in Norco. She advised that he had never paid the rent or rented this place in his name, but she believed that he lived there with EDWARD VAN ANTWERP who was the brother of Mrs. TAYLOR of Taylor Rentals, which was located on Hamner Avenue. Mrs. ROWND said she did not recall anything about SIRHAN.

On June 6, 1968, ORA TAYLOR of Taylor Rentals, 3336 Hamner Avenue in Norco, advised that his wife's brother was EDWARD VAN ANTWERP and that he had recently been residing at 1184 Fourth Street in Norco. He lives there with a JEANNE GREEN who is now using the last name of VAN ANTWERP. He advised that EDWARD was an alcoholic and that he had helped him on many occasions. He said he recalled that in the fall of 1966 and also in the late summer of 1966, EDWARD had lived in the small house owned by Mrs. ROWND. Just prior to that he had lived in the Highlander Motel. He said he did recall a young man known as SAUL, and he believes his last name was SIRHAN, living with EDWARD. He advised that EDWARD has been working for Thermal Chemergy in the Chino area for about six months. He advised that EDWARD had been "dry" for about six months, but that on Tuesday, June 4, 1968, after EDWARD had reported for work, that he had disappeared and his wife, Mrs. TAYLOR, and EDWARD's wife,

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Mrs. VAN ANTWERP were both of the opinion that he was probably beginning a week or month long drunk. He advised that his wife could be contacted at 2591 Hamner. He stated that he did not recall this SAUL SIRHAN and had no conversations with him.

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On June 6, 1968, ANNA JEANNE VAN ANTWERP was contacted at her home, 1184 Fourth Street in Norco, California. She advised that she and EDWARD VAN ANTWERP had been together since about February of 1967. She said he had never mentioned a SAUL SIRHAN or a SIRHAN SIRHAN. She advised that EDWARD was an alcoholic and had been "dry" for about six months. He had been working at Thermal Chemergy, phone number 628-1813 an Ontario number, and had gone to work on the morning of June 4, 1968. He worked for a Mr. DINWITTY and a BERT RILEY. He ran a skiploader and handled general repair work.

Mrs. VAN ANTWERP advised that she had called friends and relatives in the entire area and that she had not been able to locate EDWARD. She said she had called his employment and talked extensively to BERT RILEY who told her he had appeared for work on the morning of June 4, 1968, and that about nine or ten o'clock, he had sent him from one area of work to another and that he never showed up at the other place. He was driving his 1957 blue pickup with California license number unknown. She advised that he had been dry since December of 1967, and that she was afraid that he was starting on a drunk. She said that sometimes his drunken bouts lasted for as much as a month and that he ordinarily ended up in the hospital. She said that there was a trailer owned by some friends of theirs in the desert near Joshua Tree, California, and she would check this trailer out late this afternoon and tonight. She advised that if and when she located EDWARD, she would immediately contact the FBI.

She advised that EDWARD had never mentioned any type of politics and that he was not registered to vote. She advised that he had not been arrested at any time to her knowledge, and that he had never attended any meetings or organizations of any kind. She said that he probably did not even give it a thought that the liquor stores and bars would be closed on Election Day. She advised that he had not even had a drink of liquor of any kind since December and that he could not take one drink or he continued on and on.

## FEDERAL BUREAU OF INVESTIGATION

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Date 6/8/68

Mrs. GENEVIEVE TAYLOR, 2591 Hamner, Norco, California, advised that she was the sister of EDWARD VAN ANTWERP. She advised that in the summer of 1966, she had rented a motel room for her brother EDWARD at the Highlander Motel on Hamner. She advised that this was about May or the first of June, 1966. She said that he told her he was sitting on the front porch and SAUL SIRHAN came to the motel looking for a room as he had just begun work in this area. No rooms were available and as SIRHAN was leaving the motel, EDWARD invited him to stay with him as EDWARD was lonesome. Mrs. TAYLOR said EDWARD and SIRHAN lived at the motel for approximately six weeks then stayed at a small house rented from Mrs. ROWNDS. She said that SIRHAN continued to live with EDWARD until sometime about December of 1966. She said that SIRHAN was very polite and acted a complete gentleman at all times. She said that he was practically a nursemaid for EDWARD and would take care of him during his drunks and would call her whenever EDWARD became ill from his drinking or if he was in some place and could not get home. She said the only meetings or organizations that she recalls SIRHAN ever attending was when he took EDWARD to a couple of Alcoholic Anonymous meetings and attempted to get EDWARD straightened out regarding his drinking. She said she never had any political discussions and never heard him mention any particular gripes about any part of the Government or any part of the country.

Mrs. TAYLOR said that she had been calling various places and friends in an effort to locate EDWARD. She said that EDWARD went to work on the morning of June 4, 1968, but that a short time after being at work, he had disappeared and his wife, JEANNE GREEN VAN ANTWERP had not been able to locate him. She said that he had been working for Thermal Chemergy located on Helman Road just south of Chino, California. She said she did not know the address, but this place was located near what was known as the Chino Dung Farm.

She gave the full name of EDWARD as EDWARD SHIRLEY VAN ANTWERP. He is white, male, 5'6" or 5'7", 135 pounds, born [REDACTED] Last known to be driving a 1956 or 1957 blue

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On 6/6/68 at Norco, California File # Los Angeles 56-156  
by SA LANFORD L. BLANTON:cyn:ssl:slp Date dictated 6/7/68

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Chevrolet pickup. She advised that EDWARD had never been a member of any organization and had never had any political ideas or entered into any discussions of a political nature whatsoever. She said that he had never been arrested to her knowledge.

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On the morning of June 7, 1968, Mrs. VAN ANTWERP contacted SA LANFORD L. BLANTON by phone and advised that she had checked out the desert cabin and had not found EDWARD VAN ANTWERP. She advised that she had also called his brother, JACK VAN ANTWERP, at 877-2938 in San Bernardino County and that he had not seen EDWARD at any place. She said that EDWARD usually carried \$300 or \$400 in cash with him and that when he started on a drinking bout, he would go to a small motel somewhere, buy his liquor, and drink alone. She said he usually ended up in the hospital and that she would start to contact the hospitals. She again said that if she found EDWARD, she would immediately notify SA LANFORD L. BLANTON.

It is noted that the address listed for TERRY M. WELCH when he was with the Granja Vista Del Rio Farms was 392 Cota in Corona. On June 5, 1968, by observation, it was noted there was no 392 Cota, 1392 Cota, 293 Cota, 932 Cota, or 923 Cota in Corona. There was also no record regarding WELCH at the Corona Police Department.

There was a record located at the Riverside County Sheriff's Office regarding one TERRY MICKEY WELCH listed as a horse trainer and he was arrested on December 6, 1965. This arrest was for drunk in public. He has FBI Number 273 441 E. This arrest was the last contact in Riverside County. The arrest was made at the Long Branch Saloon in Temecula, California. At that time, he was employed by the Circle "W" Bar Ranch in the Temecula area. He gave his date of birth as [REDACTED] height 5'9", 140 pounds. WELCH listed his nearest relative as ROLLIE WELCH, a brother, whose address he gave as the Sheriff's Department, Main Street, Kalamazoo, Michigan. He did list one other address for himself, as 428 River Street, Northville, Michigan.

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

LINDA SEABOLT was contacted at the Norco High School where she is employed in a clerical position. Her home is 1288 Second Street in Norco. LINDA advised that she worked at the Granja Vista Del Rio Farms for about two and one half months in the summer of 1966. She advised that she and JANICE BUCY knew SIRHAN SIRHAN as SOL SIRHAN during this summer. He was employed as an exercise boy, along with TERRY WELCH, an unrecalled Mexican boy, and her and JANICE. She recalled he lived in some small apartments she believed to be near the corner of Fifth and Hamner in Norco. She believes that he lived alone most of this time. She said that he had no close friends at the farm, because he was very argumentative and seemed to be sullen and sarcastic in most of his comments. She recalled he was teased quite often by TERRY WELCH and by the Mexican boy, and that they did not associate with each other very much. She said SIRHAN made a good first impression, as he was neat and clean, had a good vocabulary, and used good English. She advised that after knowing him for awhile, it became apparent that he had a strong temper that he could not control it around animals; that he was egotistical in that he thought he was a good rider and was going to become a jockey, but he was not, in fact, a good rider. She advised that he was not a hard worker and appeared lazy to her. She said they had no particular discussions of a sociological or political nature, and she had very little information concerning his morals or his particular outlook on political life. She said that he did use foul language on many occasions in the presence of both girls and men, and that he was generally of a belligerent nature. She said that he did not have any girl friends that she knew of in this area and that he traveled to Pasadena on most weekends. She said he had an old model car, make unknown, when he was working in this area.

LINDA is certain that he was not well acquainted with PEGGY OSTERKAMP and that he never dated her. She advised that she has known PEGGY for several years and that she had

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On 6/6/68 at Norco, California File # Los Angeles 56-156

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never heard PEGGY mention this person. She said that she did recall that SIRHAN mentioned PEGGY on several occasions and believed that he was an admirer of hers because, as LINDA pointed out, PEGGY was a very attractive person.

LINDA is a white female, 5'3", 105 pounds, blonde hair, blue eyes, born [REDACTED]

## FEDERAL BUREAU OF INVESTIGATION

1

6/8/68

Date \_\_\_\_\_

GHALEB MOHAMMAD BADRAN, also known as Ghaleb Muhd Ahmad Badran, Apartment 7, 5733 Benner Street, Highland Park section, Los Angeles, California, was interviewed at his apartment home.

BADRAN advised that he entered the United States at New York on January 31, 1961, on a non-immigrant visa as a student, passport number [REDACTED]

BADRAN stated that immediately after arriving in Los Angeles in February 1961, he enrolled as a student at Pacific College, Los Angeles, California. He stated that he subsequently attended Pasadena City College (PCC) from September 1961, until June 1963, and is currently enrolled as a student in Television Speech and Arts at Columbia College, 2328 West 7th Street, Los Angeles, California.

BADRAN advised that he was employed part-time as a salesman for the Broadway Department Stores at the Pasadena and Crenshaw Stores, from September 1965, until February 1968. He stated he is now employed as a salesman by the Silwani Company, an import gift shop owned by his uncle, MUSTAFA SIAM, at 6519 Hollywood Boulevard, Los Angeles, California.

BADRAN advised that he first met SIRHAN SIRHAN at PCC where they both were students. He stated he believes that he met SIRHAN in the fall of 1963. He stated that he does not recall who introduced him to SIRHAN but that he is sure that he met him at the International Club at the college, which club is an association of American and foreign students primarily established for social activities.

He stated that he has, on occasion, had coffee with SIRHAN at the college. He stated that he has never socialized with SIRHAN and has only been in his company by chance meetings at activities off the campus with one exception; that exception being a time, after learning that SIRHAN was interested

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On 6/8/68 at Los Angeles, California File # Los Angeles 56-156  
by SAs GORDON J. REID, JR., CHARLES L. SAWYER, JR.  
and JOHN F. RUSSELL, JR./JFR/asi Date dictated 6/8/68

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in horses and horse racing, when he decided to go with SIRHAN to the Santa Anita Race Track at Arcadia, California. He stated that he has seen SIRHAN on a number of occasions at the Santa Anita Race Track.

He stated that he thought SIRHAN to be a very intelligent, quiet and nice mannered individual.

He stated that he discussed politics very little with SIRHAN and never discussed the Arabic - Israeli War with him. He stated that their conversations always were about horses.

BADRAN stated that he was watching television at the time Senator KENNEDY was shot, however, he did not learn who the alleged assassin was until sometime the next morning when he heard this news on television.

BADRAN stated that he was shocked upon learning that the alleged assassin was SIRHAN SIRHAN.

BADRAN stated that he last saw SIRHAN SIRHAN at the Santa Anita Race Track in February 1968.

BADRAN stated that in his limited association with SIRHAN, he has never heard SIRHAN express any resentment or animosity towards either Senator KENNEDY or the United States Government.

BADRAN stated that he does not know of any girl friends or close friends or associates of SIRHAN.

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

CAROL FRANCIS NEAL was interviewed at her residence, 12252 Ellen, Garden Grove, California, telephone 636-1086, and she advised as follows:

SIRHAN SIRHAN is known to her in that he was a student in her third period social studies class, which consisted of politics and geography, and her fourth period English class at the Elliot Junior High School located on North Lake Street, Altadena, California. She and SIRHAN attended these classes from September 1959, to June 1960. Mr. SAM SOGOHOMIAN was the instructor of the third period class and Mrs. FITZGERALD was the instructor of the fourth period class. FITZGERALD's first name is unrecalled. There were about 30 to 35 pupils in both classes. She could only recall the following other students in these classes:

CAROL SPRUNG, address unknown. Her mother operates an upholstery shop on Woodbury at Los Robles in Pasadena.

ROGER ELLIOT, address unknown, however resided Altadena, California.

BONNIE BRABBS, address unknown.

The above students transferred to the John Muir High School, Pasadena, California.

She regarded SIRHAN as an odd person. SIRHAN did not associate with the other students. He did not go with any of the girls to her knowledge. He did not attend dances or school games. He is not believed to have held a student body card and he did not obtain a school annual.

SIRHAN frequently argued with Mr. SOGOHOMIAN in class and if not called upon during discussions he would wave his hand and snap his fingers when he desired to express his views. She does not recall anything specific SIRHAN

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might have said against the United States and its government, however, when the United States was discussed SIRHAN was forever comparing his country with the United States, and as she recalled she thought his country was Syria. SIRHAN gave the impression he did not care about the United States, and she wondered why he did not go back to his own country.

She recalled that SIRHAN was considered quite intelligent. She stated that the students prepared term papers about countries and she believes SIRHAN wrote about his own country. She recalled that MR. SOGOHOMIAN kept SIRHAN's term paper to display to future students as an example. She said that SIRHAN was neat and meticulous about his homework.

She recalled that SIRHAN appeared to be very gentlemanly and that if a girl dropped her pencil he would immediately pick it up.

She stated that SIRHAN, during the third period sat in the first seat of the first row from the door of the room, and he sat in front because he could not see too well.

She stated that SIRHAN usually wore long sleeve plaid shirts rolled up a couple times, his shoes were always scuffed, his hair was uncombed and he gave the impression that he did not have access to a lot of money.

She stated that she transferred to the John Muir High School and attended this school from September 1960, to June 1961, and SIRHAN was also attending this school but she does not recall him being in any of her classes.

She was shown two photographs of SIRHAN SIRHAN, one being Los Angeles Police Department Number BK 495 139 taken June 5, 1968, and she stated this person is identical to the person mentioned herein.

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

GWENDALEE GUM was interviewed at the home of her parents, Mr. and Mrs. JOHN D. GUM, 1009 North Ninth Street, Arcadia, California. The telephone number at her residence is 447-3744. Miss GUM advised that she was born on [REDACTED] at Long Beach, California, and that, although she was presently residing with her parents, this was only a temporary situation while she recovered from a knee operation. She advised her permanent address is 150 East Highland, Apartment E, Sierra Madre, California.

Miss GUM advised she did know SIRHAN BISHARA SIRHAN and that she met him in May 1964 when she was running for "Carnival Queen" at Pasadena City College. She stated that she was sitting in a booth on the campus collecting votes for the queen contest. She explained she got votes for each penny that was donated in her name in the contest, and that, while she was sitting in the booth, SIRHAN came up and put a \$10.00 bill in the collection jar. She stated that, after that time, she saw him periodically on the campus and they would sit together with another group of fellow students drinking coffee or just visiting and talking.

Miss GUM stated she never had any dates with SIRHAN although he asked her out on several occasions and called her several times at her home. She stated that, while at school, her impression of him was that he was very well mannered and treated everyone courteously and with respect. She stated he always had plenty of money and seemed to enjoy spending it on others. She said he was very quiet and did not to her recollection discuss politics during these visits with her and her friends, but that she got the general impression of his being anti-Jewish, although she could furnish no specific incidents which led her to thus believe. She stated he had not impressed her as someone who was very ill-tempered and that the only time she remembered him being upset or angry was when

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On 6/7/68 at Arcadia, California File # Los Angeles 56-156  
by SA G. H. MOOREHEAD & E. RHEAD RICHARDS, JR.:ERR:vjh:ssl Date dictated 6/7/68

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someone would say something bad about the country of Jordan.

Miss GUM advised she last saw SIRHAN approximately 1½ years ago at the Santa Anita Race Track in Arcadia, California, where he was apparently working as a groom and apprentice jockey. She said she believed that, prior to that time, he had worked at a gas station somewhere in the Arcadia area. Miss GUM advised, after this encounter and short visit with him at the Santa Anita Race Track, SIRHAN called her home numerous times to visit with her by phone and also to ask her for dates; however, she stated that she did not have any dates with him as she always had something else to do when he asked. She stated he also came by her house and drove around the block several times on numerous occasions but did not stop and come in. She recalls that she thought he had been driving an old model green-colored Cadillac.

Miss GUM advised she did not think SIRHAN to be a violent or dangerous individual when she knew him and that she only remembered him losing his temper on a few occasions when offended by someone else's bad manners or lack of social graces. In these instances, she felt that he responded more than was called for.

Miss GUM stated she could not remember any time when SIRHAN spoke to her or any of her friends concerning his political views and that she had been extremely shocked when she heard that he was a suspect in the assassination of Senator ROBERT KENNEDY.

Miss GUM advised that, if she recalled anything which she felt would be of importance, she would immediately contact the interviewing agents and furnish this information to them.

## FEDERAL BUREAU OF INVESTIGATION

1Date 6/7/68

Miss JANET NEILSON was interviewed at her place of employment, 3925 East Huntington Drive, Pasadena. She advised that she resides at 404 Harvard Drive, Arcadia, with her parents. The telephone number at her home is 447-4974. She stated she was born in Los Angeles, California on [REDACTED]

JANET stated that she met SIRHAN BISHARA SIRHAN in 1964 while she was a Freshman at Pasadena City College, Pasadena, California. She stated that they were both in a Freshman Biology class and that, on several occasions, SIRHAN asked her questions about the course or perhaps would borrow some information from her notes. She further stated that, during that semester of school, she saw him again several times when he would have a cup of coffee with her and some of her friends on the Pasadena City College campus. She stated that she did not know him at all on social basis as she never dated him or saw him on any occasion other than at school.

She advised that he always appeared to be a very quiet, well mannered individual, but that for some reason he gave the impression of being very troubled. She stated that she never heard him mention anything at all about politics or any dislike for any special group of people or individuals. She further added that he seemed to be very intelligent and well spoken and always treated her very courteously. She advised that she did not know what his nationality was and that she did not realize that he was an Arab until she heard his name announced on the television in connection with the assassination of Senator ROBERT KENNEDY and she realized at that time that this was the individual she had known at school.

JANET advised that, after the first semester in 1964, the only contact she had with SIRHAN was to greet him cordially as they met on the Pasadena City College campus. She said that she graduated from that

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156

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SA E. RHEAD RICHARDS, JR./ERR/vjh Date dictated 6/7/68

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school in June of 1966 and that since that time she has neither seen nor heard of SIRHAN until she heard his name in the news.

## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

On June 6, 1968, DAVOR PEVEC, who stated he is known as DAVE PEVEC, was interviewed at his residence, 1126 North Mentor Avenue, Pasadena. He stated he had been acquainted with SIRHAN SIRHAN since the summer of 1959. They had been close friends during their mutual attendance at George Washington Junior High School, Pasadena. PEVEC stated that they had also delivered newspapers for the Pasadena Independent newspaper at that time, resided approximately one block from each other, and visited each other in their homes. He stated at that time they were too young to be interested in politics or to discuss adult matters. He stated their close friendship ended when he attended St. Francis Catholic High School, Pasadena, and SIRHAN attended Muir High School. PEVEC again met SIRHAN when they took the same English course at Pasadena City College (PCC) in 1965; however, they did not resume a close association because of a difference in their interests and friends. He stated he had never discussed political, social, or economic matters with SIRHAN and did not know his feelings in this regard. PEVEC stated their relationship at PCC consisted of saying hello to each other when they met. He stated he had always considered SIRHAN an honest and thoughtful person during the time he knew him. He stated he and SIRHAN engaged in the normal number of fights with other boys during their early acquaintance and SIRHAN indicated he was frequently teased because he was a foreigner. SIRHAN told PEVEC that at first he did not fight back when teased and would allow himself to be beaten, but later on learned how to fight and usually won his fights. PEVEC stated SIRHAN was strong, of wiry build, and of average height during this period.

He stated SIRHAN was strongly nationalistic and had pride in his Arabic origin. He was sure SIRHAN had told him he was born in Egypt and was surprised when he read in the newspaper he had been born in Palestine.

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On 6/6/68 at Pasadena, California File # Los Angeles 56-156by SA LLOYD D. JOHNSON/rah Date dictated 6/6/68

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PEVEC could not think of any reason other than national pride to explain SIRHAN's alleged action in the shooting of Senator ROBERT KENNEDY and stated he did not consider SIRHAN the type of person capable of killing anyone.

PEVEC stated he had just finished attending Santa Barbara City College, Santa Barbara, California, and would reside one more week at 6763 Abrego, No. 15, Goleta, California, telephone No. 968-0097, after which he would reside at his parents' home during the summer.



## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/7/68

JOHN SHEAR, Paddock Guard, Hollywood Park Race Track, advised he lives at 526 West Huntington, Arcadia, California, telephone 446-5606. He was born in England and has been in the United States 20 years. He works at the race track during the season, now through July 22, 1968, from 11:00 AM to the last race.

He advised in 1965, he was working at Santa Anita Race Track and SIRHAN BISHARA SIRHAN worked there as a hot-walker, one who cools down horses after a race or a workout. SHEAR knew SIRHAN all through the 1965 racing season at Santa Anita. SIRHAN, after that, went to work hot-walking horses at the Los Angeles County Fair in Pomona. At this time, SHEAR was working for trainer GORDON BOWSHER, (phonetic) and SHEAR was BOWSHER's foreman with supervision over SIRHAN. BOWSHER would not have personally known SIRHAN. SHEAR states that SIRHAN wanted to be a jockey and SHEAR did not believe SIRHAN had the disposition, so recommended he become an exercise boy. SHEAR loaned SIRHAN books and tack to learn to be a rider and let SIRHAN work with a non-thoroughbred pony to learn to ride. SIRHAN was a poor rider, was constantly being thrown or would fall from various horses.

After this, SIRHAN went to work for REX ELLSWORTH, a horse owner, of 3985 Schaefer Avenue, Chino, California. SIRHAN then returned to the Los Angeles area and worked at Hollywood Park for LYNN WHEELER galloping horses during the 1966 season. WHEELER finally laid him off.

SHEAR saw SIRHAN at the track, as a customer, in March 1968, and did not talk to him.

SHEAR does not recall SIRHAN having any friends. He was driven to and picked up at Santa Anita by a brother. SHEAR recalled one discussion where SIRHAN became incensed during a discussion of Jews in the Arab countries. SIRHAN

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On 6/5/68 at Inglewood, California File # Los Angeles 56-156  
by SA ROBERT H. MORNEAU, JR. and  
SA IRVIN B. WELLS, III/rh,jr/asi Date dictated 6/6/68

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was well versed in American politics, knew names of members of Congress well. SIRHAN appeared very intelligent and may have had a degree in mathematics. He did not smoke, drink, swear, and apparently did not have many girl friends. SHEAR recalls SIRHAN as a very stable person.

## FEDERAL BUREAU OF INVESTIGATION

1Date 6/7/68

ROBERT LYNN WHEELER, Horse Trainer for PAUL PALMER and CAROL BOHM, residence 750 Oakdale, Monrovia, telephone 359-2719, was interviewed at Hollywood Park Race Track. He works with his father, ROBERT LAWRENCE WHEELER, 1101 Norumbega, Monrovia, telephone 357-2921.

WHEELER met SIRHAN BISHARA SIRHAN at the "Grande Vista Horse Farm" in Corona, California, in 1966 when SIRHAN was working as an exercise boy. He knew SIRHAN for about five months, from September 1966, to January 1967. He described SIRHAN as a nice person, never smoked, drank, or swore, was well educated and was well informed on American politics. He believed SIRHAN was a real gentleman. He recalled one time, SIRHAN lost his temper when dealing with a horse. WHEELER explained he thought some horses were stupid and from time to time, persons working around horses lose their tempers. On this one occasion, he came upon SIRHAN who was kicking and hitting a horse with his fists. SIRHAN was in a rage of temper. WHEELER interceded and called SIRHAN, who immediately stopped and then said as way of explanation, "Mr. Wheeler, the horse provoked me". WHEELER felt this statement was a different way of putting the complaint against the horse's actions.

WHEELER states SIRHAN told him that SIRHAN came to the United States to study law and get into politics, but that SIRHAN became interested in horses and becoming a jockey. WHEELER said he could not keep SIRHAN because he kept falling off of horses and was not a good rider.

He has not seen SIRHAN since January 1967.

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On 6/5/68 at Inglewood, California File # Los Angeles 56-156  
by SA ROBERT H. MORNEAU, JR. and  
SA IRVIN B. WELLS, III/rhm,jr/asi Date dictated 6/6/68

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## FEDERAL BUREAU OF INVESTIGATION

1

Date 6/8/68

JERRY NORRIS, Trainer of horses at Granja Vista Del Rio Farm, 13200 Citrus and Norco, and whose home address is 18211 Stover, Bloomington, California, was contacted at his work. He advised that he came to this job in October of 1966. He recalled SIRHAN SIRHAN being at the farm at this time, and knew him as SOL SIRHAN. SIRHAN was an exercise boy until about the middle of December of 1966. He recalled he lived somewhere in the local area of Norco or Corona, California. He does not recall exactly with whom he lived, if anyone. He does recall there was a TERRY WELCH who lives out of town and that they worked together quite often. He remembers that SIRHAN was discharged from his job here, and he went to the Santa Anita Race Track and worked for WARNER ROBERT LYNN WHEELER, who was a trainer at the Santa Anita Race Track at that time. He has not heard of SIRHAN's activity in at least a year. He advised that he has not heard or seen TERRY WELCH in at least a year. He said the last he heard the Sheriff of Riverside County was looking for TERRY WELCH.

Mr. NORRIS advised that he had no discussions with SIRHAN other than to give him instructions as an exercise boy. He said that SIRHAN desired to watch him as he worked. He stated that SIRHAN desired to be a jockey and that he, Mr. NORRIS did not believe he could be a jockey as he could not make the grade of a jockey as he was not good around horses, and seemed to be somewhat frightened of them. He advised that this certainly would not be a good disposition for a jockey.

Mr. NORRIS advised that he recalled that when he came here in October that SIRHAN had just returned to work after having been off a few days just after taking a fall from one of the horses. He advised that SIRHAN indicated that he was only scratched up painfully. He had no serious injuries at that time. Mr. NORRIS advised that he did not know of any close friend of SIRHAN and that he did not seem to have any girl friends or close buddies which were usually formed at the farm.

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On 6/5/68 at Norco, California File # Los Angeles 56-156

by SA LANFORD L. BLANTON/nmb Date dictated 6/6/68

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## FEDERAL BUREAU OF INVESTIGATION

1

6/7/68

Date \_\_\_\_\_

Mrs. CONSTANCE PRESTWOOD, 13223 Corley Drive, La Mirada, California, was located at her place of employment, Ramyr, 6750 Caballero, Artesia, California, at which time she advised she met SIRHAN SIRHAN in early 1966. She said that when she met SIRHAN, he was employed as an exercise boy at Granja Vista Del Rio boarding and training stable for thoroughbred horses in Norco, California

Mrs. PRESTWOOD said that SIRHAN was introduced to her by the trainer, whose name she cannot recall, as SOL SIRHAN. She said SIRHAN later advised her his name was actually SIRHAN SIRHAN.

Mrs. PRESTWOOD said that she took her thoroughbred horse, Jet Spec, to Granja Vista Del Rio for training, and SIRHAN exercised the horse. Mrs. PRESTWOOD said that SIRHAN was not paid by her but was paid by BURT ALTFILISH (phonetic), who is the owner of Granja Vista Del Rio. She said that she went to Granja Vista Del Rio about twice a week to check on her horse, and she would talk with SIRHAN each time. She said that SIRHAN was always courteous and polite and appeared not to be excitable. She said that her conversations with SIRHAN were always confined to her horse or horse racing in general. She said that SIRHAN never spoke of his political views, friends or associates. She stated that SIRHAN had mentioned that he resided in Pasadena, California, with his mother.

Mrs. PRESTWOOD stated that she had never seen or visited with any of SIRHAN's family.

Mrs. PRESTWOOD stated that the only additional information she has regarding SIRHAN is that she believes he drove a Volkswagen automobile on one occasion when he came to her home.

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On 6/7/68 at Artesia, California File # Los Angeles 56-156  
by SA's JAMES E. ETHRIDGE and  
VERNON E. JOSSY (JEE:jmk) Date dictated 6/7/68

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## FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

RAYMOND SICHTER, 485 River Road, Apartment D, Corona, California, telephone 737-2977, telephonically advised at 9:30 a.m. as follows:

SICHTER advised that he was formerly employed as a gardener at the Granja Vista Del Rio Ranch in Corona and had known SIRHAN SIRHAN who was also employed there as an exercise boy. SICHTER stated that in his duties as a gardener, he would see SIRHAN at the ranch barn about twice a week and would engage in casual conversation with him. He said the conversations were generally about horses and cars and that SIRHAN never indicated to him any political ideas.

SICHTER related that on April 20, 1968, SIRHAN came to his present address and inquired about the whereabouts of FRANK (LNU) who used to be the headwaiter at the ranch. SICHTER stated he told SIRHAN he did not know where FRANK went to after he left the ranch. SIRHAN did not indicate to SICHTER the reason he was looking for FRANK.

SICHTER also related that he and SIRHAN had similar automobiles, 1956 Desoto two-door hardtop, pink and white in color, and that SIRHAN used to live with a married couple on Cota Street, which is around the corner from his, SICHTER's, address.

He said he did not know the couple's name SIRHAN lived with but that the wife is a waitress at the Pancake House in Corona, and the husband works at a ranch. SICHTER concluded he had no information other than what he related concerning SIRHAN about his habits, likes or dislikes, or girl friends.

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On 6/8/68 at Riverside, California File # Los Angeles 56-156

by SA HECTOR L. PELLEGATTA:jmk Date dictated 6/8/68

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## FEDERAL BUREAU OF INVESTIGATION

1

6/8/68

Date \_\_\_\_\_

Mrs. BETTY EVELYN JOHNSTON, 295 South San Rafael, Pasadena, California, advised that she and her husband, ELWOOD B. JOHNSTON, own several race horses and also are owners of a ranch at 1550 East Locust, Ontario, California, which is managed by her son, BUD JOHNSTON.

Mrs. JOHNSTON was shown a photograph of SIRHAN BISHARA SIRHAN, which she recognized from recent news reports regarding the assassination of ROBERT F. KENNEDY. She advised, however, to her recollection that she had never seen the individual depicted on the photograph.

As an explanation as to how SIRHAN BISHARA SIRHAN knew of her name, she advised the Monday, June 3, 1968, issue of the "Daily Racing Form" published in Los Angeles, California, contained a photograph of her on the front page and an article regarding a horse owned by her and her husband, named 'O' Lucky You, which had been victorious in races on Monday, June 3, 1968, at Golden Gate Fields Race Track, Albany, California. She was unable to explain how her name was referred to by SIRHAN, if he was referring to her, as Mrs. B. GALE JOHNSTON as that combination of names has never been used by her.

Mrs. JOHNSTON further advised that since recent news articles regarding KENNEDY's assassination and SIRHAN BISHARA SIRHAN, she and her husband had looked at photographs of SIRHAN on television and in the newspapers and discussed him because of his connection with horse racing. Mrs. JOHNSTON advised that her husband indicated that within the past year, SIRHAN may have been employed by a trainer who occupied a stable near the JOHNSTONS' stable at Hollywood Park Race Track. She could not recall the name of the trainer or owner whom he worked for.

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On 6/8/68 at Pasadena, California File # Los Angeles 56-156

by SA WILLIAM B. FARDY/asi Date dictated 6/8/68

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Mrs. JOHNSTON, during the course of the interview, telephonically contacted her son, BUD JOHNSTON, Manager of their ranch in Ontario, California, and inquired of him if SIRHAN BISHARA SIRHAN had applied for or worked on the ranch. Her son, BUD, advised that he had not.

Mrs. JOHNSTON made available a copy of the above referred to racing form.



## FEDERAL BUREAU OF INVESTIGATION

6/7/68  
Date \_\_\_\_\_

MARIO VALENZUELA, 14151 Kelford, Whittier, California, telephone number WH 1-3144, was interviewed on this date and furnished the following information:

He is a jockey who makes a living working at various race tracks in this country. He said that when he saw a picture of SIRHAN SIRHAN in the newspapers following the shooting of Senator ROBERT F. KENNEDY, he recognized SIRHAN as an individual he had seen at Santa Anita Race Track, Arcadia, California, approximately a year and a half ago. He did not know SIRHAN's name, but stated that SIRHAN was apparently working as an exercise boy at Santa Anita. He said that he had never spoken to SIRHAN, did not know the country of his origin although he suspected that he was a Latin American. VALENZUELA stated he had never seen SIRHAN prior to this occasion and has not seen him since.

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On 6/7/68 at Inglewood, California File # 56-156  
by SA G. J. MOOREHEAD / mak Date dictated 6/7/68

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## FEDERAL BUREAU OF INVESTIGATION

1Date 6/8/68

JERRY LEWIS LAMBERT, Professional Jockey, residence address 718 Winston Avenue, Bradbury, California, was interviewed at Hollywood Park Race Track, 1050 South Prairie Street, Inglewood, California.

LAMBERT was shown a photograph of SIRHAN BISHARA SIRHAN and advised that the photograph and name are totally unfamiliar to him.

LAMBERT advised that to the best of his recollection, he has never had any contact or association with SIRHAN BISHARA SIRHAN.

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On 6/8/68 at Inglewood, California File # Los Angeles 56-156

by SA WILLIAM B. FARDY/asi Date dictated 6/8/68

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## FEDERAL BUREAU OF INVESTIGATION

Date 6/7/681

HENRY J. RUTHHARDT, JR., Manager, Broughton's Used Book Store, 201 North Lake Street, Pasadena, was shown a photograph of SIRHAN BISHARA SIRHAN and he advised that SIRHAN had been in his store at least six times over the last five or six months. He stated that SIRHAN was always in the store alone, and that the books he read were usually on metaphysics. SIRHAN would usually read a book for about an hour and then buy one or two. RUTHHARDT had no listing of any of the books that SIRHAN had purchased. SIRHAN put in a standing order for books on the practice of black magic and alchemy, but Broughton's Store never had any such books. RUTHHARDT advised that SIRHAN was very quiet and never had much to say. He had no further information on SIRHAN.

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6/7/68 at Pasadena, California File Los Angeles 56-156

SA DAVID R. PENDER/vaa/dey

6/7/68

by \_\_\_\_\_ Date dictated \_\_\_\_\_

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## FEDERAL BUREAU OF INVESTIGATION

1Date 6/7/68

On June 6, 1968, Mr. and Mrs. JOSEPH PEVEC, 1126 North Mentor Avenue, Pasadena, California, advised they had been acquainted with SIRHAN SIRHAN when he was approximately thirteen to fourteen years old, when he and their son, DAVOR PEVEC, had been friends and had delivered newspapers for the Pasadena Independent newspaper. They stated they considered SIRHAN a very polite and well-mannered boy who never caused any trouble and who seemed to have his temper and emotions well under control. They stated that outside of having a strong pride in his Arabic origin, they could think of no motive for his action in killing Senator ROBERT KENNEDY. They stated they had never heard him make any political, social, or economic statements of opinion during the time they knew him, and did not see him after he and their son started attending different high schools in Pasadena.

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On 6/6/68 at Pasadena, California File # Los Angeles 56-156

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## FEDERAL BUREAU OF INVESTIGATION

Date 6/7/681

JAKE TINGLEY, 58 South Lake Street, Pasadena, California, furnished the following information:

He has seen SIRHAN SIRHAN in Broughton's Book Store, 201 North Lake, Pasadena, California, several times over the last few months. This would usually be around noon, Monday through Friday. SIRHAN would always be in the philosophy and psychology section of the book store, and he was always alone. TINGLEY advised that he never spoke to SIRHAN. He saw SIRHAN several times get into his car, which was an old pink and white Chrysler Corporation model, possibly a 1959. TINGLEY further advised that he goes into many of the book stores in the Lake Street area but he never saw SIRHAN in any of the other stores. TINGLEY was shown a photograph of SIRHAN BISHARA SIRHAN and stated that he was positive that this was the man he had seen in Broughton's Book Store.

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On 6/7/68 at Pasadena, California File # Los Angeles 56-156

by SA DAVID R. PENDER/vaa/dey Date dictated 6/7/68

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